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STATE	OF M	ARYL	AND

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11.36	130.	MD W	HOME OR OTHER INSTITUTION COUNTY ashington	13, CITY OF TOW	own		VO []	13e STREET ADDRESS Belvedere	ZIP CODE Road		21740 deed
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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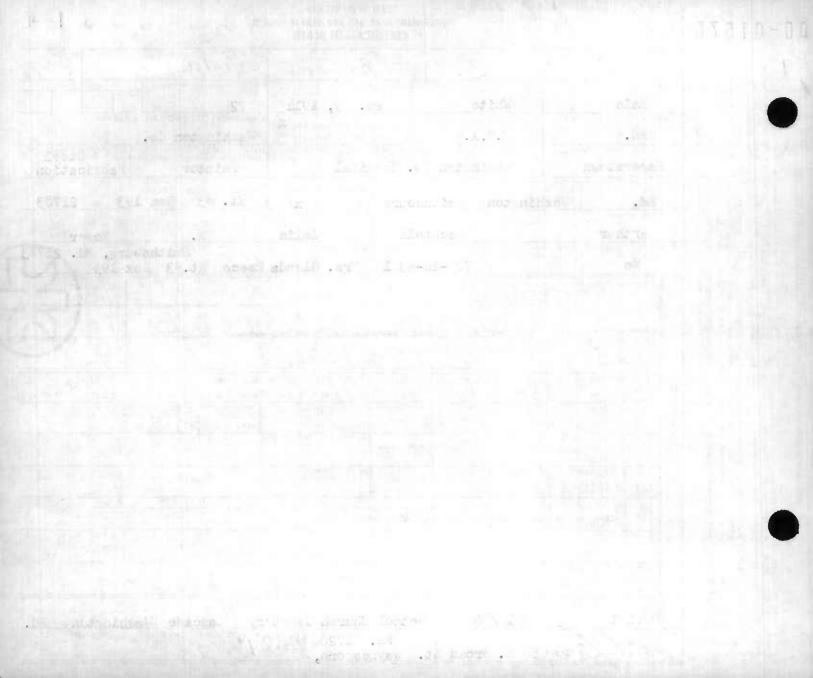
Anatomy Board

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OK	v reen nit. T		CERTIFICATION	190 DATE OF OPERATION	ON .	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			b. IF YES. V	VERE FINDIN	()
RE	n. nos b perm ne p	7	FIC							YES	IN	CERTIFYIN	G CAUSES	OF DEATH?
TAL	The horse ygen	Marie Contract	ERT	21a. ACCIDENT WAS UNDER	LYING [21b. TIME OI	INJURY	-	21c HOW INJURY OCC				LORBART 21	NO []
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	RECTOR.			sow the deceosed obove. (1) we) (did	olive on_	view the body	ofter death.	on, on	d that in (my) (our) opinio	on death oc	curred on the date	and hour o	nd from the	couses stoted
				226 SIGNATURE		11			DEGREE				22c. DATE	SIGNED
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				Charle	s F	. HES	5 M.i.).	Suct 45	br	Med.	21	783	
	Or of or of war			URIAL, CREMATION, RE	MOVAL	23b DATE	236	NAME OF C	EMETERY OR CREMATOR	Y 23d	LOCATION			
	BP			Burial	1	3/18/8	6 B	ethel	Church Ceme	tenv	Cascade	Was	hingt	on Md.
	DUME NA COLLEGE		-	NERAL DIRECTOR	11	1		Pa	24. 0		BY REGISTRAR 256.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 6

REG. NO.

0951

		CEASED NAME	FIRST	MI(DDLE	L	AST .		20 DATE OF D	EATH MONT	H DAY	YEAR	26 HOUR
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	3 SEX			4 RACE		5 DATE C	F BIRTH	we an	6 AGE (IN YEA		IF UN	NDER I YEAR	IF UNDER 24 HRS
	F	emale		White		Apri	1 2.	1910	75		YRS	DATE	MIN.
7	7a. BIR	RTHPLACE (STATE	ORFOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER	AARDIED []	9 BALTIMORE			DEATH	
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1	10 CI	TY OR TOWN OF	DEATH	11. NAME OF HO			R OTHER INS	TITUTION	120 USUAL OC	CUPATION	1		F BUSINESS OR
	Wi:	lliamsp	ort		od Nurs		Home		Social				paper
	USUA 13a. S	L RESIDENCE (IF	NURSING HOME OR		WE RESIDENCE BEFORE		13d INSIDE C	ITY LIAATTS2	13e STREET AD	DDFSS / 7ID	CODE	01	741
5	Ma:	ryland		ington			YES	NO .	202 5	. Pro	spec	t St	. 10
	I4 FA	THER'S NAME		AIDDIE	LAST		15 MOTHER	S MAIDEN NAM	\E	MIDDLE		LAST	
/		Benjami	n I	Perrell	Patr	rick	Mar	ie		MIDDLE	Br	ewer	
1	16a W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMA	INI		ADDRESS	- 6		
1	Ï	ES NO OR UNKNOWN	(IF YES GIV	WAN ON DATES)	214-09-	-7684	C. N	eil Ba	ylor F	Richmo	nd H	ills	. Ga.
		18 CAUSE OF DI	EATH Enter an	y one cause per li	nerfo (a), (b) an	die					I	APPROXU BETWEEN C	MATE INTERVAL
1		PART I. DEAT	H WAS CAUSEI	D BY E CAUSE (a)	KLSP11	LATT	ny t	ALLUA	E				
				DUE TO OR	AS A CONSEQUE	NCETTE			1				
١		Conditions, if		((b)	(A160	- 151	AW!	STUM	INFA	ncTZ	00		
		gave rise to cause (a), st		DUE TO OR	AS A CONSEQUE	NCFOF							
		underlying co	ouse fost	(c)				100					
		PART 2 OTHER S	GNIFICANT	ONDITIONS CON	NTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN I	N PART 110	
	S S		P-0-										
)	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOP			G CAUSES	OF DEATH?
	RTIF									40 D	YES []	NO 🗍
1		OR CONTRIBUTING	Same Same	HOUR A.M	MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATU	RE OF INJURY IN IT	EM 18 PARI I	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY	MEDIC AL EXAMINER	P.M		19.							
	VED	21d INJURY OCC		21e PLACE OF	FINJURY	ARM, ETC	TH LOCATI	ON		CITY OR TOWN		COUNTY	STATE
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		444		ol) otto school spor	deceased from_	CAI	1	19	, ta	101	. 19_	see.	hat (I) (we) last
			eased all a ar	of the body of	tre death	0 12 ar	nd that in (my)	(our) opinian d	eath accurred	on the date ar	nd hour and	d from the d	causes stated
		226 S104-WILES		-	1		DEGREE	ATTENDING.	REDICAL	STAFF		22c DATE	IGNED
			- VIII					PHYSICIAN		PHYSICIAN		3/	13/50
1		22d PHYSICIAN	SNAME (TYPE C	PRINTY		1.1	22e ADDRES	5-11		.01	11.		,
		ZTIADH	CV H	MET	ZNO	MD	100	1 1	aucce	- Kat	TH	601	Tean, Wi
		URIAL, CREMATIC	ON, REMOVAL	236 DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOCAT		1.0	UNTY	STATE
		Crem	nation	3-14-				Cremat	ory Sn	nithsb			. Md.
		INERAL DIRECTO		30			c St.		REC'D. BY REC	SISTRAR 256 R	EGISTRAR	SSIGNATI	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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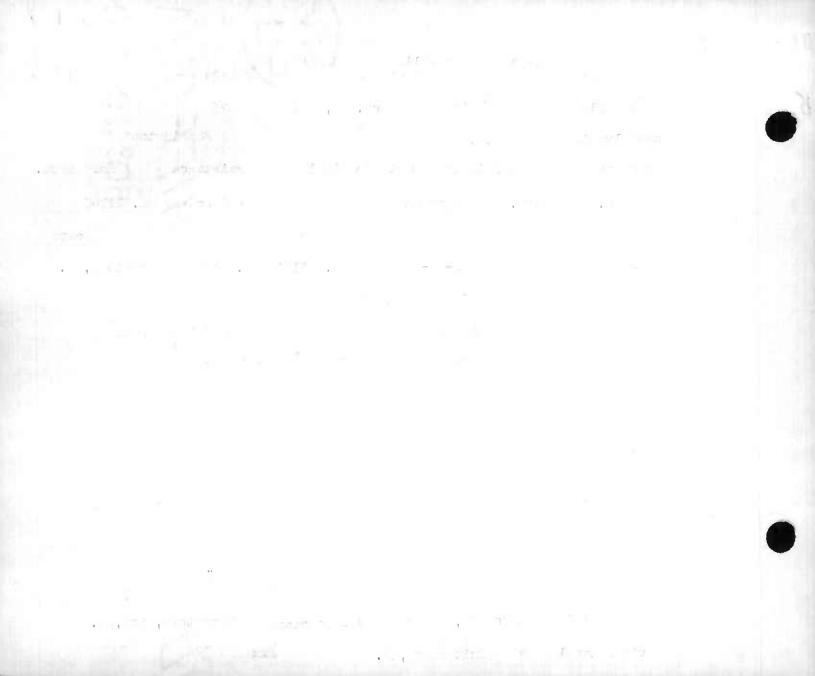
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STATE OF MARYLAND



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) see opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN ORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) ld b 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION CITY OR TOWN COUNTY STATE BP. OCKY GAP VETERANS CUMBERLAND 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

12b. KIND OF BUSINESS OR

GARAGE

SPIKER

The property of the same

. Township

CC. III. 130 Addington Co., St. U.S. 1. 22

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Ju-12122 Dr. Lich A. Borers, mohrareville, Md. 21215

-17-65 Samples Janor Jemetery Samples Mancr, Man. Co., Ma.

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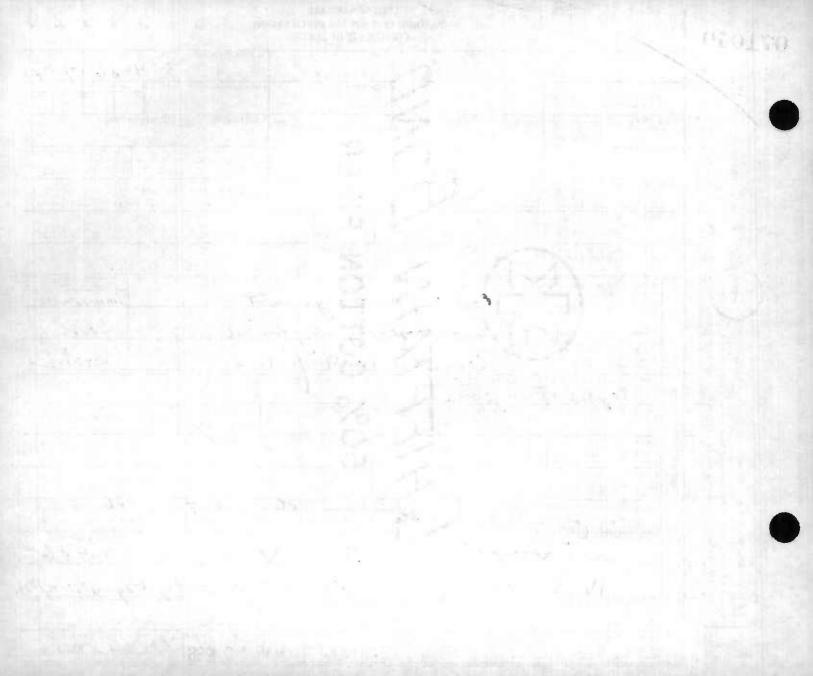
Legal town to the second town of

Wohn D. Bert, Jr. Boorgoor, Ma. 21715

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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71040	1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 💍	0	9 3	2 (
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OE OF	1. SE	Х		RACE	, , , , , , , , , , , , , , , , , , , ,	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HR
7		female	28	white	e	Octob	er 19, 1901	84	YRS.	THS DAYS	HOURS MIN
60	70. B	IRTHPLACE STATE OR FOR	REIGN 71	CITIZEN OF	WHAT COUNTRY?	0		9 BALTIMORE CITY OR		DEATH	
deoth)	Maryland		U	SA	WIDOWE	D NEVER MARRIED B	Wash.	ington		
de de		ITY OR TOWN OF DEATH	н 1			G HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATIO	ION 126. KIND OF BUSINESS C		
by th		Hagerstown		Washin	gton Coun	ty Ho	spital	proof read	der	pub1	ishing
filled in	130		36 COUNT	ngton	13t. CITY OR TOWN Hagerst	N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13. STREET ADDRESS / 12 S. Wa.	ZIP CODE Lnut St	. 2	1740
A within	14 F/	ATHER'S NAME FIRST John	M	DDIE	Brenn	er	15. MOTHER'S MAIDEN NAME FIRST Emma	Florence		R1	denour
d co		WAS DECEASED EVER IN			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S		
1/1/		No	(IF TES, GIVE	WAR OR DATES)	214 09	4664	Doris Spick	ler, Hagers	town, N		
N WIT	18	18 CAUSE OF DEATH PART I. DE ATH WAS	Enter only	one couse per	line for (o), (b), one	diesi		-1-		BETWEEN	MATE INTERVAL
			IMMEDIATE CAUSE (0) Cardle - Mollmonary circal								
deoth a otten ove cat frion, a		Canditions, if ony, v		DUE TO, OI	Severe C	NCE OF	any arting de	wase		Yeu	ars
by the case remo		gave rise to imme cause (o), stoting underlying couse		DUE TO, OF	RAS A CONSEQUE		heart fail	line		we	chs
signed hen ple to burio	Z	PART 2 OTHER SIGNIE	FICANT CO	-		EATH BUT	NOT RELATED TO HE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1:0)·
been mut. T	CERTIFICATION	190 DATE OF PERATIO	ON		ODDITION FOR WHICH OPERATION WAS PERFORME			D 20e AUTOPSY? 20b. IF YE			IGS USED
	() E							YES NO	IN CERTIFYIN		OF DEATH?
ENDING PHYSICIAN: The Indian or attending physician DR. After this certificate to use as the burdel-transit profits and Alental Hygen Health and Alental Hygen is marked or them 18 shew		210 ACCIDENT WAS UNDER	USE OF DEATH		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TE PART	1 OR PART ?)	2,737
HYSICIA ding pl dis certif buriol-t Mental or frem	MEDICAL	214 INJURY OCCURRE		21e PLACE (OF INJURY	19	211 LOCATION	CITY OR TOW		COUNTY	STATE
offen offen ter th os the h and	1	WHILE OF WHILE		(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE
NO SE AL		220 1 certify that (1) (t				2-	, 19		. 19.		that (I) (we) la
Spite CTO d for n of l	12	saw the deceased above 1) (we) (sid	dive on_di(did not)	view the body	after death.		d that in (my) (aur) apinion o	leath occurred an the dot	e and havi ar		
the horal DIRE etocher te Dep'		226 SIGNATURE	SH	1000	1	n	ATTENDING TO PHYSICIAN	MEDICAL STAFF	ANT	220. DATE	SIGNED +-86
HOSPITAL ined by th FUNERAL wild be det th the State	7	22d. PHYSICIAN'S NAM	AE (TYPE OR	. /	î .		220 ADDRESS	I I I	1 11		1
TO HOSP		L W	5	Hood			138 E. An	tetam St	, Ha	ger	townyl
	23a.	BURIAL, CREMATION, RE (SPECIFY) burial	EMOVAL	March			emetery or Crematory ourg Cemetery	Smithsbur	G Wasi	OUNIY Ma	ryl and
BP	24 F	UNERAL DIRECTOR	MIN		UNERAL HO			REC'D. BY REGISTRAR 2			
DHMH - 16 60M 7/84 (VRA 15, 4)		415 E. Wils			2239GGA				Fredia Da		



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

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1	-	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. N	0.			
1		CEASED NAME	FIRST	A	AIDDLE	0	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	11116		mer	2 M	ac	Bus	sh	130		3	11 1986	840 A	M
	3 SEX	(4 RACE		S. DATE C			6 AGE (IN YEARS LAST BIR	(YAGHT	IF UNDER I YEAR	IF UNDER 24	
		Female		Whit	e	MONTH	9	YEAR 883	102	YRS	MONTHS DATS	HOURS	MIN.
		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MAI	RRIED 🗆	9 BALTIMORE CITY O	RCOUNT	Y OF DEATH		
		Maryland		U.S.		WIDOWE	DNO	RCED 🔲	Wash	una	ton	Co.	MD.
1	10 CIT	TY OR TOWN OF DEA	ATH			URSING HOME O	OR OTHER INSTITU	JTION	12a USUAL OCCUPAT			F BUSINESS	5 OR
1	H	agerston	ING	aug	MON	Ma	NOr		Housew				
-	13a S	AL RESIDENCE IF NURS	136 COUN		130 CITY OF		134 INSIDE CITY	LIMITS?	13e.STREET ADDRESS	/ ZIP COD	Ε		
4	_	laryland	Was	shington	Smith	sburg	TO SERVICE STATE OF THE PERSON STATE OF THE PE	0 🛣	R.	D. 3	2178	3	
5	I4 FA	THER'S NAME		WIDDLE	LAS	it	15 MOTHER'S M		VE WIDDLE		LAS	1	
4		Cyrus			iner			ara	V.		Kuntz		
		VAS DECEASED EVER				SECURITY NO.	17 INFORMANT		ADDRI		ttysbur	g, PA	25
		No			219-03	1-5085	Mrs. Jul	Lia Th	omas 645	Johns		1/36	.>
		18 CAUSE OF DEAT	H (Enter on	ly ane cause per	line for (a), (b', and ic		D			BETWEEN	MATE INTERVA ONSET AND DE	AlH
1		PARTI DEATH W		E CAUSE (a)			recip.	Lastu	10				
	3.4			DUE TO, OI	R AS A CON	SEQUENCE OF	112	1				0	
		Conditions, if any,	, which	(b)_			Acus	C47.	•		TRE	des	
1	199	gave rise to imr	ng the	DUE TO, OF	R AS A CON	SEQUENCE OF	A				6.		
1		underlying cause	last	(c)			ASCU	٥	The second	2	YA		NI/
	7	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	3	
4	CERTIFICATION			1									
5	ICA	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERT	S, WERE FINDIN	OF DEATH?	,
7	RTI				5 to 1111501		Va		YES NO		ES 🗍	NO 🗌	
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		220.1 certify that (1)				0 /		19	10 3 - 10			that (I) (we)	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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3	un after death. Page 4 may be	tiled within 72 hours after death
ON ST. BALTIMORE, MARYLAND 21	of thiche Accounted within 24 ho	indig physician had completely filled in conditional agent and a should be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death or thinghe executed within 24 hours after death. Page 4 may be retoined by the hospital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been agreed by the arteriodar physical completely filled in by the trained director, page 3 should be detached for use as the buriot-trainit permit. Then altered comes compared and a hould be filed within 27 hours after death with the State Dept of Health and Mantol Hygene prior to harm communion comments.
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low retoined by the hospitol or ottending physicion.	should be detached for use with the State Dept of Heal

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IMORE	Y	/wedical	16a V	VAS DECEASED EVER IN		MED FORCES? VE WAR OR DATES)	166. SOCIAL S				ADDRE , Hagersto		., 217	740
RDS, 201 W. PRESTON ST.,	n agned by the orteining pl Then please remove carding to buring, cremotion, or rem	injury, or other traumatic ever	NOI	Canditions, if any, gave rise to imme cause (0), stoting underlying cause	which ediate the lost.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSE	EQUENCE C	F	OTHE TERMIN	NAL DISEASE OR CON	DITION GIVER	N IN PART Ita	months
AL RECO	hos bee r permit. ene prior	1 Jours	CERTIFICATION	19a DATE OF OPERATION	ON	_	ITION FOR WH	HICH OPERA	TION WAS PERFORM	AED	200 AUTOPSY?	206 IF YES, YES	WERE FINDING NG CAUSES (GS USED OF DEATH?
DIVIS	reformed by the hospital or offending physicia TO FUNERAL DIRECTOR. After this certificate is should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygis	IMPORTANT: If Item 21 is morked or Item 18 sho	MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (1) saw the decayed obove, (1) Aveyldic 22b. SIGNATURE 12d PHYSICIAN'S NAA WELLE URIAL, CREMATION, RI	this haspi	21e PLACE (At Home st ital) afterded th DI view the bady	M. MONTH M. OF INJURY REEL FACTORY, OFI after death.	FICE, FARM ETC	216 LOCATION STREET	19_ ur) apinian de ENDING YSICIAN	CITY OR TO CHECKER NATURE OF INJUI CITY OR TO CHECKER OF INJUI MEDICAL PHYSIC MEDICAL PHYSIC ALL LOCATION	WN	COUNTY	STATE hot (1) (we) lost auses stated
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DHA	AH - 16 60M (VRA 15, 4)		24-7-(INERAL DIRECTOR	Tune:	ral Home	Smar	hs bur	· Ma	-	REC'D. BY REGISTRAR		AR'S SIGNATU	

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Sidia Davidon Randelles

1		REGISTRAR				CERTIF	ICATE OF DEAT	п	REG	. NO.		
		PASED NAME	FIRST	1	MIDDLE	ſ	AST .		20 DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR
	777700	Company (RUTH		MABLE	CIL	INE		March	25,	1986	8:15
Ì	3. SEX			4 RACE		5. DATE C			6 AGE IN YEARS LAS	BIRTHDAY	MONINS DAY	
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2		TATE TATE Tyland		other institution ity	GIVE RESIDENCE BEFORE 13 Hager st		13d INSIDE CITY LI		130 STREET ADDRES		^{ODE} 21740	
1	I4 FA	THER'S NAME Charles		MIDDLE	Cline		15 MOTHER'S MAI	lley	i E MIDDL	E	S	hoop
	No.	/AS DECEASED EVE ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	217-30-		M. Virgi	inia	Doarnberg		145 Bea	chwood Dr
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7	100000				TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19			OCCURRE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
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		214 Certify that (sed alive an	al) attended the	- 25 19	71	, 19 nd that in (my) four)	ge 2 apinian di	to meath accurred an the	date and	have and from th	, that (I) (we) last ne causes stated
		275 GIGNATURE	Par	K	Im.	わ	DEGREE ATTEN PHYSI			TAFF SICIAN [3/	26/8R
		22d. PHYSICIAN'S N	PA	(KA)	Jnr	nb	22e ADDRESS	45 gr	w. w	ish	, ng	754
	23a B	URIAL, CREMATION	I, REMOVAL	3-26-			emetery or crem.		23d LOCATION Boonst	oro.	Wash. C	O. Md.
		INERAL DIRECTOR			1				REC'D. BY REGISTR			
		hn H. Bas	t, Jr	Boon	sboro, N	id. 2	1713			10	Nacidan	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-03052 - STATE REGISTRAR REG NO 1 DECEASED NAME DATE KNOWN (TYPE OR PRINT) CONNOR ESTI-JOHN DEATH MATED Z:10" 4 RACE 6 AGE LINYEARS I IF LINDER 1 YR IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED White 02 15-26 60 Male DEAD BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Pa. TISA WASHINGTON WIDOWED [DIVORCED [CITY OR TOWN OF DEATH 11 MANAE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 112h KIND OF BUSINESS OR INDUSTRY Trucking Truck Driver Washington Co. Hospital Hagerstown JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 COUNTY Chambersburg 13d INSIDE CITY LIMITS? 473 Guilford Ave. Pa. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST Eleanor Reap Connor Frank 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Chambersburg, Pa. Mrs. Marion Connor 193-12-1596 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BIL. PULMONARY EMBOLISM, MASSIVE (415) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which INF, VENA CAUA (444 gove rise to immediate couse (a) stating the under-FX. RIBS (N-807) lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T OR TO BUR 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE CITY OR TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide death resulted from: Suicide Undetermined manner EXECUTE THE GER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W BALTIMORE, DATE SIGNED 3 . 19 . 1986 ACTUAL SIGNATURE 40 MANOR DR. BOX 103 GEORGE MILICIMID EXAMINER'S NAME HAGERSTOWN-MD-(TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Pa. 3/22/86 Dunmore Cemetery Dunmore Lacka. Burial 24 FUNERAL DIRECTOR Se. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 122 S. Main St., Taylor Thomas Robert L. (VR A15 ME (5))

117 33 THE 112 12 212 I LOTE WANTED the bar of the section .av. Calling Sa The state of the common males .se. we had a MISHU MSULEME ASHRAM MYSINE (444) (444) AVAS AVAS (34) 2032 MODERN (151-10) 2 STREET (WAS) 12, STA 183 ERCE BULL TO A RECEDENCE TO THE PROPERTY OF · Alene The some or commendate and other and a superior of dragon

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			DEPARTA		EALTH AND MENTAL HYG	IENE 8 6	0	9	5 2 8
		A PROPERTY.	Alton	Co	ole.	26. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 1250 1
4		0	4.RACE white	S. DATE C		6 AGE (IN YEARS LAST BIR	MO	UNDER TYEAR	
A.	b	DUN(#F)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
9 10	T DECEASED NAME The control The control The control	USA WIDOWED			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR				
35	5UA 30. S1	L RESIDENCE (IF NURSING HOME OR ATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / Route			21740
		HER'S NAME FIRST	MIDDLE LAST Cook		15 MOTHER'S MAIDEN NAM		i, bon	Mess	AST
Jedy Jedy	{YE	AS DECEASED EVER IN U.S. AR		IRITY NO.	Michael Cook	ADDRE Hagerstown			2
r, or other traumatic event.		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	Forlore Le Myclon	2		aetweer 2	y cers
injury, or		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1	10
19	IFICAL	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, Y IN CERTIFYI YES		INGS USED S OF DEATH?
		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T (OR PART 2)	
rked or 1	WEDI	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
21 is mo		sow the deceased alive an abave, (1) (we) (did) (did no	tal) attended the decayed from	, ar	nd that in (my) (aur) apinian (deoth occurred on the do	te and hour c	and from the	, that (1) (we) lost e couses stated
LT: If her		Teller /	4 las	6		MEDICAL STAI		22c. DAT	E SIGNED
ORTANI		Fredry	PRINT)	-	1825 /to	edill 1	Incers	land	Cad

231 NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DHMH - 16 60M 7/84 (VRA 15, 4)

Mar. 6, 1986 24 FUNERAL DIRECTOMINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

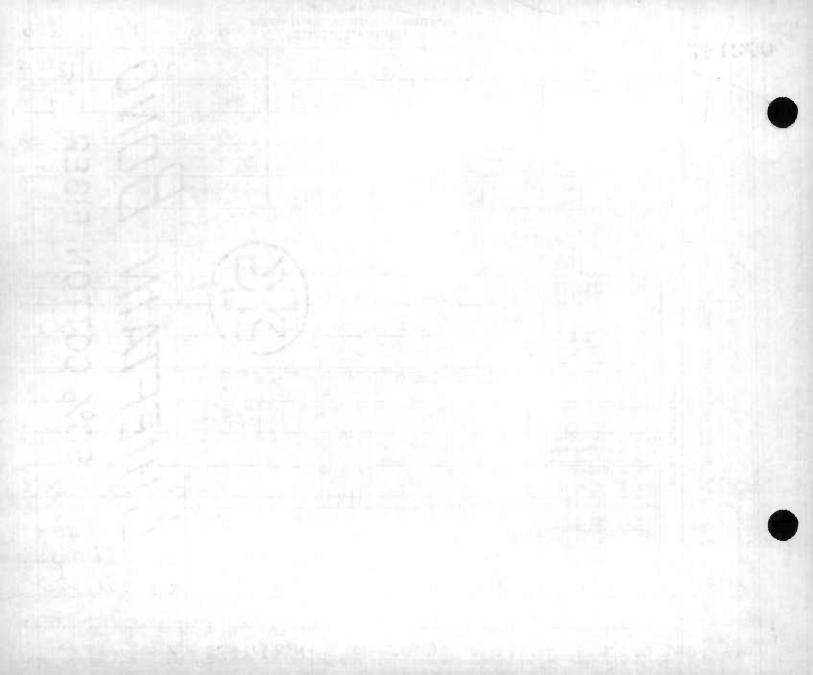
23b. DATE

23d LOCATION
CITY OR TOWN
COVINGTON, Alleghany Mem. Park

COUNTY

Penna.

REGISTRAR 256. REGISTRAR'S SIGNATURE



ADDRESS Kathryn C.Strickler Wmspt., MD 21795 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinian death accurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Mar. 22, 1986 Rose Hill Cemetery Hagerstown Washington Maryland 74 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson Gandall Major M. Osborne Williamsport, MD 21795

STATE OF MARYLAND

25 HOUR

126. KIND OF BUSINESS OR

21740

March 19 1986 10:10 MP.M

INDUSTRY MOME

Hines

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE	OF MARY	LAND

	91 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEAL	MARYLAND TH AND MENTAL HYO LTE OF DEATH	GIENE 8 6 REG. NO.	9 5 2
death	I. DEC	Charlo Charlo	tte Grace	CR	OSS	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 63
s afte	3 SEX	Female	White	S. DATE OF BI	DAY YEAR 15 1911	6. AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	MONTHS DAYS HOURS
Se S	Ma	RTHPLACE (STATE OR FOREIGN OUNTRY) ryland	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED		Mashington	
by the filled w	На	gerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Washington Cour	nty Hosp		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Housewife	12b. KIND OF BUSINESS INDUSTRY Home
filled 35	13e. S	Md. 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Sh. Hagersto	own 138	. INSIDE CITY LIMITS? ES 🛣 NO 🗌	130.STREET ADDRESS / ZIP COD 72 Winter St.	21740
of 2 s	14. FA	THER'S NAME FIRST Edward	Paul Recker		MOTHER'S MAIDEN NA Elsie	Marie	Bowman
libres 1		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 217-32-	4	rs. Jane M.	ADDRESS Shrader, Hagers	town, Md. 217
n signed by the Then please rer r ta burial, crem injury, ar ather	NOI	PART 2 OTHER SIGNIFICANT NONE	CONDITIONS CONTRIBUTING TO	D DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
nas beer ne prior	CERTIFICATION	190 DATE OF OPERATION MARCH 1985	196 CONDITION FOR WHICH			IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO
s certificate I burial-transit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
ter this cert is the burial hand Ment rked at Her	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION STREET	CITY OR TOWN	COUNTY STA
DIRECTOR. Af		22a I certify that (1) this hasp saw the deceased alive or above, (1) we) (did) (did no 22b. SIGNATURE	orally ottended the deceased from AAMCH 21 19.			death accurred on the date and ha	ur and from the causes state 22c. DATE SIGNED
1 4 0		STA PHYSICAN S NAME (THE	CR PRINTS	MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN D E. ANTETHE S	3-23-86
Should be de with the Stati			OHEN				

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

grina Davidson Mandelle

- STATE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH Brimlow 26 HOUR. Lowell 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX MONTH YEAR Cau 14 16 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington USA Marylan WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH, FACILITY, GIVE STREET ADORESS) (TYPE OF WOCUSTO d'AMIG LIFE) Magerstown Nashington Co Hospita vaid of Educati USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE BEFORE ADMISSION) 136 COUNTY . 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 105 fairground Aus. 21740 Nagurstun YES NO a ashi ration 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Parker Estella Roscoe С. Day 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Yes 32-26-1849 Army Sounce wanda. Wife APPROXIMATE INTERVAL BETWEEN ONSP AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse ial, stating the underlying couse lost HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DE ATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from and that in my our) opinion death accurred on the date and hour and from the couses stated DEGREE 221 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23ª BURIAL CREMATION. REMOVAL burial March 28,1986 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 415 E. Wilson Blvd, Hagerstown, Md. 21740

DHMH - 16 60M 7/B4 (VRA 15, 4)

			STATE OF MARYLAND		0 0 2 7 0
00 02100	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE 8 0	0 9 3 3 0
00-02196	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONT	20 110011
2 20	LINDA	D	DEFENOER FER	MARCH 2	1, 1986 715
V 6 43	1.5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE HOURS MIN.
	FEMALE	white.	4 23 50	35	YRS
2 33 5/6	THE BRITHPLACE CHAPTER FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
1 15 /5/	COUNTRY (94	U.S.A.	WIDOWED DIVORCED	Washington	MD.
1 497	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 1 1 9/	Hagerstown	Western Maryla	_	HOUSEWIFE	INDUSTRY HOULE
1 / /	INTIAL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		(16/16/16)
9 3/33 %	13a STATE PA	NTY 130 CITY OR TOV	VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	WAY EAST 1720
2 1/30/3	FATHER'S NAME	THE TENE	15 MOTHER'S MAIDEN NA	ME	111 Lip; 11-00x
AAR S S S S S S S S S S S S S S S S S S	NORMAN I	STARLIPER	BETTY	WIDDLE	KEFFER
E. A	160 WAS DECEASED EVER IN U.S. AI		10 - 1	ADDRESS	5576 WHITE CHURCH
AO and	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 190-42-	7571 MELISSAK.	DEFENDERFE	
e be ers. F					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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VST certi roan r rem	IMMEDIA	TE CAUSE 10) LI CALCO	o exceptor practy	6047146	1 Hace
e con	Constitution of the state of	DUE TO, OR AS A CONSEQU	ABUD Woart FALL	turk	
RES e de e ott mov sotic	Conditions, if any, which gave rise to immediate	(b) (7) 141	MILL FLOOR		
W. F	cause (a), stating the underlying cause last	DUE TO, OR AS CONSCOU	THE TRACE OF	Oust.	mune 1950;
201 s the ed b plea rriol.	DARK O OTHER CICAUSICANIT	(c) (c)	The forther la	MAL DISEASE OD COMORIO	NI CHISAL NI DAGI I
DS, ;	Z DARIZ OTHER SIGNIFICANT	2 41 1 Marispe	Hay Neurogatty	Na blit profit	- or de modulyers
RECORDS low requirement I be eprior to be eprior to be sony injury.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	MYDE 1 TO MED TO WHICH	OPERATION WAS PERFORMED	20e AUTOPSY2 20b	. IF YES, WERE FINDINGS USED
REC	J. J.			IN IN	CERTIFYING CAUSES OF DEATH?
N. The N. The hysicial hysicial Hygies 18 short	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71r HOW INJURY OCCURE	YES NOL	YES NO NO
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NOF YSICIA Fing pl s certif vurial-t Mental	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
ISIC IPH Iffe bund /	MHITE WOLMHITE	TAT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
DING Sr of Afre	AT WORK AT WORK		NOTE OF SE	allocati	21_19_86 that (tr (we) last
END SOLVE SO	sow the deceased alive at	ital attended the deceased from.	and that in (my) %%) apinion of	denth accurred on the data of	nd have and from the causes stated
R ATTEN haspital RECTOR RECTOR end for up to fill ppt of fill	obove, (I) (yest (did) (debe	view the body ofter death.	DEGREE	occurred on the date d	
Oche Dir	III. SIGNATURE RA		M.D. ATTENDING	MEDICAL STAFF	220 DATE SIGNED
PITAL by # ERAL Shote	27d PHYSICIAN'S NAME THE	um euch	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	The state of the s
		P P 1		OFENNS	ighuania Aus.
O HOSI etained TO FUN should b		R.Ciu N.Cula		Your, I	Hayland 2194
000000	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
4468P166	BURIAL	2-72-00 3	ALEM CEMETERY	GLEENETWA	FRANKLIN RA
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	GIL M. ADDRESS		E REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE
(VRA 15, 4)	ROBERT 6. SELLERS	I.M. 297 HHLA AVE	CHANGE TA 17201 ADD	0 1 1096 Alia	Davidson pandalos

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STATE OF MARYLAND



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Virginia 5. Delauder Caceratosm, Nd.

St. James, Maryland

Harrial --- '6 Ht. View Cenetery Sharpsluin, Nashinoton, No.

Harcistown, Md.

Line Coffman Fineral Home, Inc.

H. Moody II.D.

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415 East Wilson Blvd. Hagerstown, Maryland 21740

DHMH - 16 60M 7/84

(VRA 15, 4)

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12281	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND SEALTH AND MENTAL SICATE OF DEATH	HYGIEI	NE 8 6 0	9 5	3 3
12301		CEASED NAME	FIRST	Elswo	T'Ch		AST	1		AY YEAR	25 HOUR
9 6 to 10	TYPE	ORPRINI) Paul	/	6		Dix On			March 29, 1986		м
poo er d	3. SE	X	-	4. RACE	UANALA	5. DATE C		6.	AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
s aft	ma	le		whi	te	Jul	y 17, 1919		66 YRS.	DNIHS DAYS	HOURS MIN.
Pod and	7e. B	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE CITY OR COUNTY	OF DEATH	
Jun 72		gerstown		USA		WIDOWE			Washington		MD.
er d	10 C	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION		2a. USUAL OCCUPATION		F BUSINESS OR
s off	Ha	gerstown	200		ngton Cou		lospital	,	policeman		govn.
haur be f	USU 13a	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS		Be STREET ADDRESS / ZIP CODE		
2	1	Maryland			Hagersto		YES NO	3: 13	425 Summit Ave.	217	40
TA A	14. F/	THER'S NAME		NIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE	LAS	
2 1 1		Howell		HOULE	Dixor	1	Ann	na	WIDDLE	(A)	
9 P # 1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		
0 0 0		yes	W.W.		212-14-7	7396	Mrs. Vivie	enne	Dixon, Hagersto	wn, Md	1.
N: The law requires that the death certific sysicion. ysicion. ysicion is gared by the attending phones is premit. Then please remove carbon pronsit permit. Then please remove carbon phygiene prior to burial cremation, ar remove sony injury, or other troumatic even	CERTIFICATION	Conditions, if ony, gove rise to imm couse (0), stotinunderlying couse	which pediote g the lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	Pacfaciona ITION FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE T	termin Jan	200 AUTOPSY? 206 IF YES.	WERE FINDING CAUSES	occusted.
Sician: ng physical properties of the physical		OR CONTRIBUTING C		HOUR A.		AY YEAR					
ottending ottending ter this ce is the burie h and Mer	MEDICAL	214 INJURY OCCURR WHILE NOT WHAT WORK AT WORK	ED	21e PLACE			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDIN Septral or ECTOR Af d for use of the offil m 21 is mo		22a I certify that (I) saw the decease above, (I) (we)/d	d olive on_	Mac	127 19			70	to March 18 1 oth occurred on the date and hour	and from the	
by the hore by the hore e detache. State Dep		226. SIGNATURE	wif	Throo	9 10		DEGREE ATTENDIN PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/	SIGNED
reformed by 11 TO FUNERAL should be det with the Stote	22	22d PHYSICIAN'S NA			Ta	LAME OF	??e ADDRESS		Internation		
		BURIAL, CREMATION,	KEMOVAL	23b. DATE			emetery or cremato		23d LOCATION CITY OF TOWN HARON CATOLOGY LICE	COUNTY	Anny I and
BP		burial UNERAL DIRECTOR M	TNNTC	Mar.31		ове пі			Hagerstown, Wa		
DHMH - 16 60M 7/84 (VRA 15, 4)		5 E. Wilso			ADDRESS	Md. 2		APR		evidour-1	

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IMPORTANT. If hem 21 is marked at hem 18 shaws

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STATE OF MARYLAND		ST	ATE	OF	MA	RYL	AND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

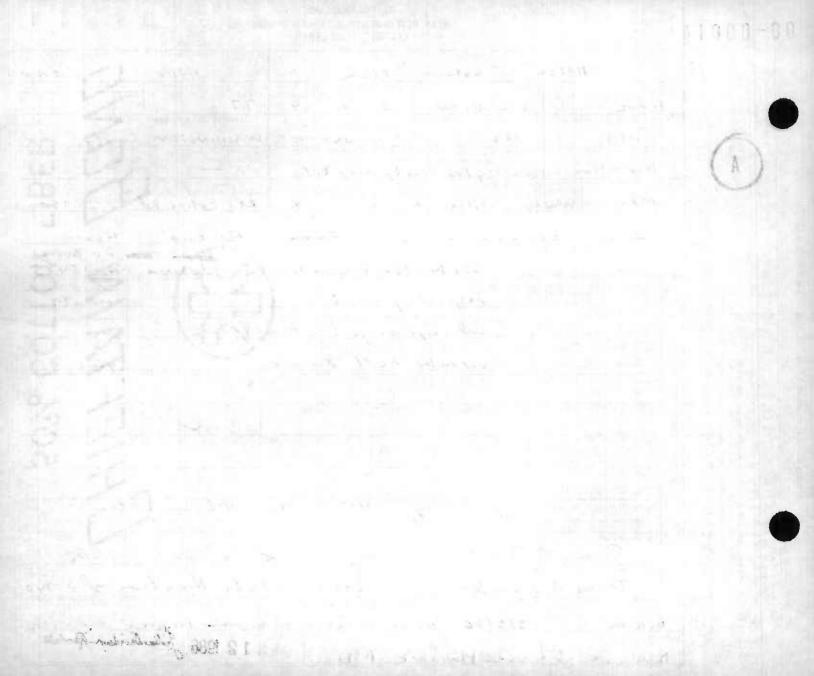
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Į,	1	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE C	F DEATH MONTH	DAY	YEAR	26 HOUR	_
Ì	(TIPE	ORPRINT	HAZEL	_	LATAUN	DY	188			3/2/86		35.	1:504	W
ı	3 SEX	(79 191	4 RACE		5 DATE			6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS	
1	1	Female	1 10	CAUC	ASIAN	MONTH 2	DAY 2/	U 9	77	YR		DAYS	HOURS MIN.	
١		RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8	D NEVER	******	9 BALTIMO	ORE CITY OR COU		ATH		_
ı		COUNTRY		USA			D UKD		was	HINGTON	Con	- K-	M	D
	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN	IG HOME			120 USUAL	OCCUPATION	12b.	KIND O	F BUSINESS OR	_
7		Hagersto	Vien	WELL AS	H FACILITY, GIVE STREET	- 1	Horis	(./	(TYPE OF WO	RK FOR MOST OF WORKIN	G LIFET IND	USTRY		
i	USUA	AL RESIDENCE (IF 1	NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	-				7		-	-
١	13a S	ml.	Was		13c. CITY OR TOW		13d. INSIDE C	NO 🙀		Exline A	ODE	47		
ī	14 FA	THER'S NAME	VVW	1.	HEACULF			S MAIDEN NAM		CKIINE	SF.		1750	-
I		FIRST	-	WIDGLE	LAST		_	FIRST		WIDDLE		LAST		
	160 10	VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	A-4	17 INFORM	mmm anit	tr	ADDRESS		HIX		_
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	-	UK.			1.36-14-	1522	EUGE	ie K dy	(BE	URSINA		7.		=
			H WAS CAUSE		line for (a), (b), on		4				-		MATE INTERVAL	_
		Sent To 1	IMMEDIAT	E CAUSE (o)	respiruc	ery .	rrest					Min	utel.	_
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		couse (0), st	oting the	DUE TO, O	R AS A CONSEQUE	NCE OF	., ,	,			5 1			
		underlying co	ouse lost	((c)	velvulas	45	ere d	wease				4000	f.	_
	N N	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEAS	SE OR CONDITION	GIVEN IN	PART 110		
7	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUT		YES, WERI			-
?	FIC			- 1					YES 🗀	NO NO IN CE	RTIFYING (CAUSES	OF DEATH?	
1	ER	21a. ACCIDENT WAS	UNDERLYING				21c. HOW IN	NJURY OCCURR		IATURE OF INJURY IN ITEM	-	PART 2)	110	-
1		OR CONTRIBUTING		III	M. MONTH DA		1000							
	MEDICAL	21d INJURY OCC		21e PLACE	M. OF INJURY	19	211 LOCATI	ON				-		-
	ME	WHILE NO	TWHILE	(AT HOME, STE	REET, FACTORY OFFICE, F	ARM, ETC)	STREE	ī		CITY OR TOWN	co	UNTY	STATE	
		AT TORK AT	WORK	tal) attended th	e deceosed from _	-	2/27	10 86	to_3/	1/2/	10 8	la .	that (I) (we) las	
		sow the dec	eosed olive on	3/2	198	6 .01	nd that in (my			ed on the date and				•
	7	22b. SIGNATURE	e) (did) (did no	t) view the body	ofter deoth.		DEGREE					C DATE S		-
	7.5		0 1	3 Hay	0			ATTENDING	MEDICAL	STAFF		1/	6	
-		22d PHYSICIAN'S	NAME ITYPE O	// /			1220 ADDRES		DIRECTOR	PHYSICIAN [3/2/	16	_
		Thos	200	6/2000	Omo		245		Y.CX	Hayers	Louis	ml	21740	~
	22- 0		.4 0.	Haywoo	In	IANE OF S	1010				,	8	/40	_
	- 11	URIAL, CREMATIC	ON, REMOVAL	236 DATE		MAME OF C	EMETERY OR		23d LOC	YORTOWN	COUN	ITY	STATE	
		MERAL DIRECTOR		3/5/	26 Int	- OLIU	ET PRE	SAUTERIO	AL C	2 Haying	csch	WH	est Mic	>
1	10000	NAME -	ne	1	ADDRESS		A	MA	R 12	REGISTRAR 251 REGISTRA		GNAI	process.	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR - STATE REGISTRAR DECEASED NAME

3. SEX

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Frede

23b. DATE

Mar.1

4 RACE

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 👸 💍	0 9 5	3 6
Frederick Eigh	helberger	20 DATE OF DEATH MO	10/86	26 HOUR
White S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	YRS DATS	IF UNDER 24 HRS HOURS MIN.
MARRIED MARRIED MAME OF HOSPITAL, NURSING HOME O IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	D DIVORCED	P BALTIMORE CITY OR C	Co.	MD. OF BUSINESS OR
RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN William sport	13d INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAM	13 STREET ADDRESS / ZI	P CODE 33 2/	795
Eichelberger	Catherine	Löuise	Bowle	rs
FORCES? 166 SOCIAL SECURITY NO. R OR DATES) 220-26-748	Charles F.Eic	ADDRESS helberger Rt		
ne cause per line far (a), (b), and (c).)	diac A	ret	APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	eic zail	lue		1//
DUE TO, OR AS A CONSEQUENCE OF				
DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1	ia
196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
21b. TIME OF INJÜRY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	HITEM IS PART I OR PART 2)	321
21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
attended the deceased from19, and the body after death.	d that in (my) (aur) apinian d	to eath accurred an the date		, that (II (we) last e causes stated
	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	_ 3/	E SIGNED
KEED MO	16/0- OA	KHIC AVI	E-144G.	M921740
	Mem.Park	23d LOCATION CITY OR TOWN Williamspor	tWashingto	nMary land

24 FUNERAL DIRECTOR Majorme M. Osborne DHMH - 16 60M 7/84 Willaimsport; MD 21795 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

ine Lavidson Randas

15/19/400 X LOSE DOG TO N NTZ OFFICE LET ZYON

n-nigne	1 - STATE John Wi	lbur Faith Sr.	THENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI		0 3	3 3 /
, n = /	1. DECEASED NAME FIRST	Wilbur	LAST	Take	REG. NO	0. MONTH DAY 3 - 25-	YEAR 26 HOUR 9 25
for page offer deat	John Male	1 RACE White	5. DATE OF BIRTH	ST.	6 AGE (IN YEARS LAST BIRT)	MONTH!	DER I YEAR IF UNDER 24 HRS. S. DAYS HOURS MIN.
Alone Alberta	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED D	BALTIMORE CITY OF		
7 79	Hagerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Washington	ING HOME OR OTHER INS	STITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer	WORKING LIFE) IN	b. KIND OF BUSINESS OR DUSTRY ONSTRUCTION
falled in ould be	TUSUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TO	RE ADMISSION)		13e STREET ADDRESS / Route #	ZIP CODE	21722
MARYL ted within ompletely and 2 sh	I4 FATHER'S NAME FIRST Charles	Calvin Fait	h C	'S MAIDEN NAA FIRST OTA	MIDDLE		Sword
BALTIMORE, cote be executy/sicion and condition and condition and condition and condition and condition are desired.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC	-7248Helen	C. Fa	ith Clear	# 3 F	30x 130
7 4 6 6	PART I. DEATH WAS CAU	anly one cause per line for (a), (b), a ISED BY IATE CAUSE (a)	011	Tulau	efon		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST not the death certi by the ottending F ise remove corbon , cremation, or ren other traumatic ev	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	rosclere	201,2			5 y u
RDS, 201 equires th n signed to Then plea to burial, injury, or o		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERM	NAL DISEASE OR COND	ITION GIVEN IN	PART Ito
AL RECO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERF	ORMED	200 AUTOPSY?		CAUSES OF DEATH?
NG PHYSICIAN: The low require offending physician. After this certificate has been signs the busiol-transit permit. Then the and Mental Hygiene prior to be an orked or item 18 shows ony injury	OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)
NG PHYSON of PHYSON of PHYSON of PHYSON PHYS	OR CONTROLLED NOT WED ICAL EXAMI	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCAT STREE		CITY OR TOW		OUNTY STATE
R ATTENDI hospital or RECTOR A hed for use ept. of Heali	sow the deceased alive above, (1) (we) (did) (did	on 2-24 19_set) view the body after death.	86., and that in (my	, 19	eath occurred on the do		from the causes stated
the Dort	226 SIGNATURE	may	MO DEGREE	ATTENDING ATTENDING ATTENDING	MEDICAL STAF	F	??c. DATE SIGNED
O HOSPITAL etoined by t TO FUNERAL should be det with the Stote	ME By	vKit	270 ADDRE	llide	usport	M	d
BP	Burial (SPECIFY) Burial	3-28-86 Li		Hill C			g, Wash., Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Donald E. The	Clea empson Funeral	r Spring, Home Inc.	Md M	AR 3 1 1986	Julia Davi	SIGNATURE

Pennsy vania U.S.A.

Charles Calvin Jaith Core;

Resident Courty

Construction averstown (askinglor County Hospital Daborer

23772

Foute # 3 Box 130

221-0-7218Helen G. Fatth Clear Spring, Mc.

7-28-Pt Little Rose will Cer. Clear Spring Rash. Md.

Clear Spring, Md. . and reader Ponald E. Thompson Puneral Home, Inc.

, 1	FOR - STATE REGISTRAR	DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6 O	9 5 3 8
3. SE	Female BIRTHPLACE (STATE OR FOREIGN 76.7	ALICE Gard S. DATE CONTROL WHITE O.3 CITIZEN OF WHAT COUNTRY? 8 MARRIE	and DEFIRED DAY JAY JAY JAY JAY JAY JAY JA	9 BALTIMORE CITY OR COUNTY O	4-86 AM UNDER I YEAR IF UNDER 24 HRS INCHS DAYS HOURS MIN.
HA		ITED STATES WIDOWE NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOME OF HOSPITAL NURSING HOME OF HOME OF HOSPITAL NURSING HOME OF HOME	OR OTHER INSTITUTION	WASHINGTON 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	MD 126 KIND OF BUSINESS OR INDUSTRY
9 PE	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY NNSYLVANIA FULTO ATHER'S NAME	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO XX	130 STREET ADDRESS / ZIP CODE RD 1 BOX 45BB	17267
29	DENNIS	MELLOTT	MARY	MIDDLE	FÜNK
	WAS DECEASED EVER IN U.S. ARMET (YES, NO OR UNKNOWN) (IF YES, GIVE WA		JAMES S. GARLA	P.O. BOX 14	
NO	Conditions, if ony, which gove rise to immediate couse to 1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUITIONS CONTRIBUTING TO DEATH BUT	with rea	disease	NIN PART TIO
CERTIFICATION	19a. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICAL CER	?]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED {ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2}
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR FOWN	COUNTY STATE
,	22a I certify that (I) (this haspital) sow the deceased alive an above, (I) (and (4-b)) (did not) vi	2-23 19 26 01	DEGREE ATTENDING	eoth occurred on the dote ond hour of	ond from the couses stated 220 DATE SIGNED 2 24-P6
220	Charles !!	Spencer 336 DATE 1236 NAME OF C	1198 Ked	The LOCATION	erslown Mo
	BURIAL		HILL BAPTIST	HARRISONVILLE, FL	
/B4 /24 F	FUNERAL DIRECTOR	ADDRES ADDRES	250 DATE	REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

			STATE OF MARYLAND	0 6	09539
00362	FOR STATE		IT OF HEALTH AND MENTAL HY		0 7 0 0 .
00002		FIRST MIDDLE	LAST	REG. NO	MONTH DAY YEAR TO HOLLD
o 6 10	(TYPE OR PRINT)	garet Dorothy	Garmong	March 9	1986 6:18
poge 3	3 SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
ector rs of	Female	White	OV. 10 1899	86	YRS DATS HOURS MIN.
25 hours day	70 BIRTHPLACE (STATE OR FOR		MARRIED NEVER MARRIED NIVORCED	BALTIMORE CITY OF	on County MD
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od the		Enter only one cause per line for roll, (b), and ic S CAUSED BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
een signed by the it. Then please re for to buriol, crering injury, ar other		ICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 110
the hos by	RTIFIC			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
s certificate burial-transi Mental Hygis	OR CONTRIBUTION C CAL	USE OF DEATH HOUR A.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
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O FUNER O FUNE	EDWARD W.	DITTO, III, M.D.	220 ADDRESS 217	WEST WASHIN ERSTOWN, MAR	
P - 8 > 5		110VAL 021 DATE 12. ALAS	AE OF CEMETERY OR CREMATORY	23d LOCATION	
BP	230 BURIAL, CREMATION, RE (SPECIFY) Burial 24 FUNERAL DIRECTOR		Pauld Cemetar		ring, Wash, Md.

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E E E	3 SE	(4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTHD		
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T TELEVISION	FF							N CERTIFYING CAUS	SES OF DEATH?
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VISIG ING endir Viter the b	\$	WHILE NOT WHILE AT WORK	FAT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	JANE .	CITORIOWA	COUNT	STATE
R. A. H. A. S.	7.73	220 L certify that (I) (this haspi	tal) attended the	deceased from		3/6 10 66	3/	19 10 8%	, that (II) (we) last
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EC for t. o. t.		saw the deceased alive an abave (1) (we) (did) (did no	it) view the bady	after death.			- Octobred on the date		
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w > -	23a E	URIAL, CREMATION, REMOVAL				METERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP		burial	Mar. 1	.8,1986 R	est Ha	ven Cemetery	Hagerstown,	Wash., Ma	aryland
DUMANTED	24. FI	MERAL DIRECTOR MINNI					E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGN	ATURE
DHMH-16 25M (VRA 15, 4) 1/79		5 E. Wilson Bl		ADDRESS	22770-	d 217/0 MA	THE 8 1980	westless down	Mandell
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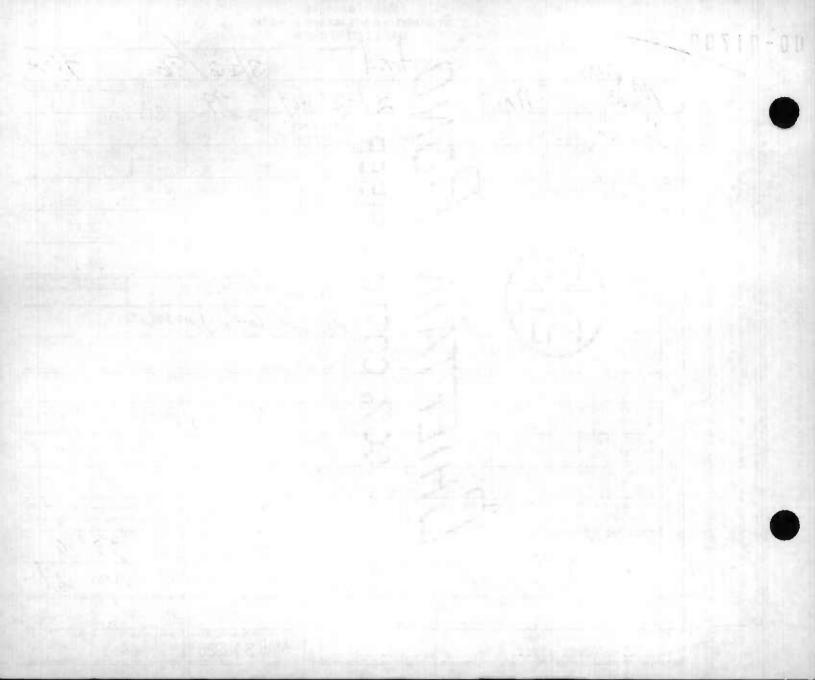
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

STATE OF MARYLAND			5"3	0	18	A	- 1
RTMENT OF HEALTH AND MENTAL HYGIENE	8	6	U	4	2	4	
CERTIFICATE OF DEATH		DEG NO					

00-01577	1.	FOR - STATE REGISTRAR	Mari	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		9 3	4 1
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to other d	3. SE	x female	4 RACE	hite	S. DATE O	DAY YEAR	6. AGE IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
10 mm	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia			WHAT COUNTRY? S.A.	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O			
		agerstown	EIF NOT IN SUE	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ston Coun	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife		12b. KIND OF BUSINESS OR INDUSTRY	
The state of the s	USU 130.	AL RESIDENCE (IF NURSING H STATE 13b.			ADMISSION)	136. INSIDE CITY LIMITS? YES NO 🏝	13e.STREET ADDRESS / Route 1	ZIP CODE	21712	
1 112/10		ATHER'S NAME FIRST Thomas	Braxton	Thoma		15. MOTHER'S MAIDEN NA Luewillie	MIDDLE		Taylor	
(1)		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	219-07-		Mrs. Helen A	anderson, Wi			
phy co		18 CAUSE OF DEATH (ER PART I. DEATH WAS O	nter anly ane cause per CAUSED BY:	Phillipp	2/0	umb Ogsir	with hos	11/4	BETWEEN C	MATE INTERVAL INSET AND DEATH
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he faw r on. hos bee t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
ICIAN: T g physici ertificote itiol-trons intol Hygi fem 18 sh	4	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	FOR PART 2)	
ING PHYSICIAN: The law required the officer this certificate has been signs the burial-transit permit. There is not a Mental Hygiene prior to borked or them 18 shows any injur	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
A ATTENDING A PARTENDING OF RECTOR: At Rect for use of Health or 1 is more and 21		22a I certify that (I) (this saw the decyased all above (II) (We) (did) (haspitalizattended the			d that in (my) (our) opinion	death occurred on the do	ote and haur a		
		22 PHYSKIAN S HAME	Will	4 1		ATTENDING	MEDICAL STAI	FF CIAN []	5-2	3-80
TO HOSPITAL retained by th TO FUNERAL should be dete	230.	BURIAL, CREMATION, REM	747-0124 OVAL 1236. DATE	7 PAL 23CN	IAME OF C	387 SIRM	236 LOCATION	ag pr	GNS /2	by let.
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DHMH - 16 60M 7/84 (VRA 15, 4)		15 East Wilso					6 1986 gu	a devido		

02604	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAN ALTH AND MI CATE OF DE	ENTAL HYGI	ENE 6 C	0 9	3	4 2		
		CEASED NAME FIRST		MIDDLE	LAS	ST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P		
nay be page 3		DOROS	THY	Α.	GOO	DWIN			3 19	86	7:00 M		
L	3 SE	(4 RACE		S. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	UNDER 1 YEAR	HOURS MIN.		
ge 4 urs off		Female	White 4 19				99	86	YRS	YRS			
2 hou		RTHPLACE (STATE OF FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 3				ARRIED 🔀	9. BALTIMORE CITY OR COUNTY OF DEATH					
hin 72		New York	U.S. WIDOWED DIVORCED				DRCED [Washington County MD.					
the fune d within	110 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)			120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	BUSINESS OR		
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erely	W. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S A		NE MIDDLE		LAST			
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pd 9/1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMAN			-		Ga.Ave.		
E	I	TO		126-14	-3020	Ms. E	Elizab	eth Farqu	ihar S		Spg, MC		
es that the death red by the attending please remove carbaurial, cremation, ar re, or ather traumatic e.,		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O	OR AS A CONSEQUENCE AS A CONTRIBUTING TO	ENCE OF	Sie E Orgen NOT RELATED T	n Carr	1000	olar DITION GIVEN	IN PART 1(o			
low requ	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE			OF DEATH?		
ransit p Hygien	E	210. ACCIDENT WAS UNDERLYING	7 216 TIME C	NE INTUIDY		The HOW IND	IBY OCCUPA	YES NO	YES [но 🗌		
ringl-transfer and them	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI	HOUR A.	M, MONTH D	AY YEAR 19			ED (ENTER NATURE OF INJUR	TIN HEM 15, PARI	TORPART 2)			
or attending PHY: at attending se as the buggith and M marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	1	CITY OR TOW	N	COUNTY	STATE		
		220.1 certify that (1) (this hospital) attended the deceased from											
y the haspital RAL DIRECTOR detached for u tote Dept. of He VI: If Hem 21 is		276. SIGNATOR ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR											
O HOSPITAL etained by the TO FUNERAL should be detained with the State WAPORTANT:		22d PHYSICIAN'S NAME (TYPE	T. 6	Sunn		22e ADDRESS	Ried Kied	ysvelle)	no.21	1713			
BP	23a. E	BURIAL, CREMATION, REMOVA SPECIFY) Removal	3112 C		NAME OF CE	METERY OR CR	REMATORY	23d. LOCATION CITY OR TOWN	COI	UNTY	STATE		
- 16 50M 1/76	24. FI	JNERAL DIRECTOR	31.20					REC'D, BY REGISTRAR	MA HEGISTRA	Basch Mite	RE 9		
(VR A 15 (4))		Anatomy	Board	ADDRESS	Balto	MA	別る。	1350 June	Military.		4		

(VRA 15. 4)



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Rest Haven Cemetery

Minnich Hagerstown, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

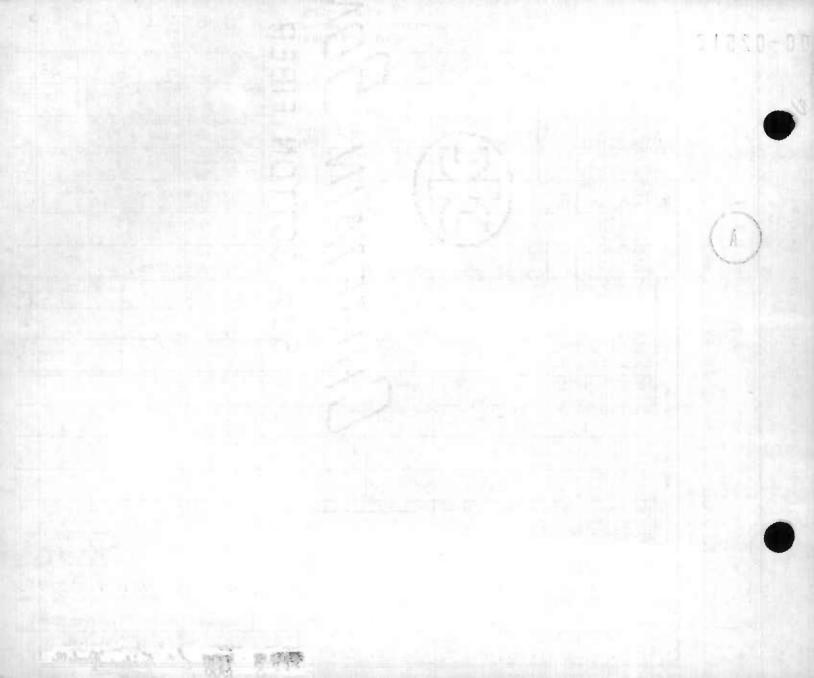
24 FUNERAL DIRECTOR

Gerald N

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District on increase of the sample of the sa

(VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 2h HOUR (TYPE OR PRINT) 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 23. 1920 65 White Female June BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington Co., Hagerstown, MD U.S.A. DIVORCED [Lantz. MD. WIDOWEDAT D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Washington County Hospital Hagerstown WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 911 Guilford Avenue 13a STATE 1136 COUNTY 13c. CITY OR TOWN Washington Hagerstown YES Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Moore FIRST Margaret Rena Clifford Herman Brown 1483 Washington Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Thomas Harrison Peekskill, New York 10566 199-07-5142 No 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 215 TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION

CITY OR TOWN

COUNTY

saw the deceased al 22b. SIGNA

Burial 24 FUNERAL DIRECTOR

214 INJURY OCCURRED

WHILE NOT WHILE

22e ADDRESS

ATTENDING

MEDICAL STAFF PHYSICIAN PRECTOR PHYSICIAN

, and that in (my) (our) opinian death occurred on the date and hour and fram the couses stated

[SPECIFY)

23a BURIAL, CREMATION, REMOVAL March 6,1986

21. PLACE OF INJURY

aid nat view the body after death

220 I certify that (1)(this haspital) attended the deceased fram

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

23c NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

Hagerstown, Washington,

DHMH - 16 60M 7/84 (VRA 15, 4)

John S. Snyder, Jr.,

Waynesboro, PA, 17268

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

in Deviden - Randall

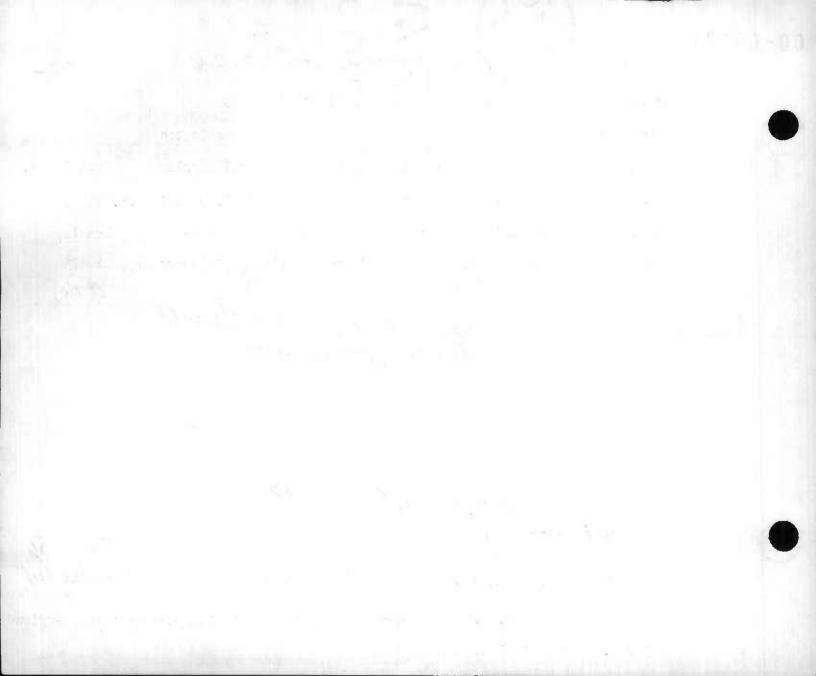
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00-00477	1 -	FOR STATE REGISTRAR			STATE OF MARYLAND TOF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 8 6 O	9549
S poge 3		OR PRINTI DU Paul	Be	enjamin	tansh Harsh	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 20 AM
rector, po		lale	White	0.	ottober 16,1905	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	IF UNDER 1 YEAR IF UNDER 71 HRS
deoth. Pe	1	RTHPLACE (STATE OR FOREIGN	USA	, w	ARRIED X NEVER MARRIED DOWED DIVORCED	Washington	MD.
hours often hours of	H	TY OR TOWN OF DEATH	Wash ingto	on County	OME OR OTHER INSTITUTION SS) Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE RURAL Carrier	Postal Svc.
LAND 21	130	AL RESIDENCE (IF NURSING HOME OF TATE 13.0 CQU Wash	ington Wil	ITY OR TOWN	TE 134 INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN N	30 E. Frederick	St. 21795
MARY Complete	F	'aul	Edward	Harsh	Roberta	MIDDLE ADDRESS	Beck ley
TIMORE on and con and	160 (VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES) 220	0-16-298	Yvonne Willi	1	
the death certificate the death certificate the death certificate from no physical transmission in conditions that the conditions are the conditions to the conditions that the condition that the conditions that the conditions that the conditions		Conditions, if any, which gave rise to immediate couse (a), stating the	nly one couse per of the ED BY: ITE CAUSE (o) DUE TO, OR A	enter Deser	me estar)	Have Henry	BETMEND CHEER AND DE ATH
Iow requires that	CERTIFICATION	PART 2 OTHER SIGNIFICANT			H BUT NOT RELATED TO THE TER	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
DIVISION OF VITAL ING PHYSICIAN The r ottending physicion the os the buriol-transit p lith and Mental Hygies oarked at fem. 8 shape	MEDICAL CERTII	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this hosp	P.M. 210 PLACE OF IN. 1AT HOME STREET, FAC	YAD HINON	YEAR 19 211 LOCATION	YES NOTE YES NOTE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE 19
O HOSPITAL OR ATTEND etomed by the haspital of PUNERAL DIRECTOR. Ishould be detached for use with the State Dept of Head MADRIANT: If hem 21 is man and the state of the state		sow the deceded olive of obove, (I) (See did) (did no 27b. SIGN MIRE) 27d. PHYSIGIAN'S NAME (179)	ot view the body after of	19_80 death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	DEDICAL STAFF OFFICER PHYSICIAN	22c DATE SIGNED 36
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			eofcemetery or crematory view Cemetery	23d LOCATION CITYORTOWN WilliamsportWa	ashington Maryland
DHMH - 16 50M 4/B3 (VRA 15, 4)		ajor M.Osborne	Williamspo	ort,MD 21		TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWNXX 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Hartman 1986 Vanna Norlene 3 - 144 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10:05 1938 White Female June 6. 47 YRS DEAD 1986 a. M a BIRTHPLACE (STATE OR 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Washington County, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Sitter Day Care Cent E. Cemetary Street Funkstown 21734 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Md. Wash. Funkstown YES X Cemetery St. P.O. Box262 NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDGLE LAST William Vance Elva Wilson Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) 219-34-5711 Mr. J. W. Andrew Hartman, Clear Spring, Md. 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab Wound of Chest IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR 8:30XX 3-14 19 86 subject was stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) 25 E. Cemetary St., Funkstown, WashingtonCo., Md AT WORK AT WORK XX Home Autopsy XX 22a. I certify that Hook charge of the remains described above, held an Inspection and in my apinian Homicide XX Undetermined monner Assistant 3-15-86 EXAMINER'S NAME 21201 PAGE 4 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) AFIE BAFIE 230, BURIAL, CREMATION, REMOVAL 138, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Mar. 17, 1986 Smithsburg Crematory Smithsburg. 07/84 Wash. 25M 14. FUNERAL DIRECTOR **DHMH - 17** Home, Smithsburg, (VR A15 ME (5))

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305 N. Potomac St.

Minnich Hagerstown, Maryland

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

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	SPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificant are executed within 24 hours after death. Pe	NERAL DIRECTOR. After this certificate has been signed by the attending plytical and completely filled in by the funeral dis be detached for use as the burnal-transit permit. Then please remove in annual mages 1 kild 2 shalld be filled within 72 ha

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TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept IMPORTANT: If hem		226. PHYSICIAN'S NAME (TYP	Hesoulal		2	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3-6-fl	
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DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR MI	NNICH FUNERAL lvd., Hagersto	HOM	E	25a DATI	EREC'D. BY REGISTRAR 756. REGIST		

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AT AT Dital For to of For the Part 2		saw the deceased above. (Nowe) did	alive an) (did nat) vi	ew the body	after death.	<u>810</u> .01	nd that in (my) (our opinion o	death occurred on the d	ate and haur o	and from the	couses stated
AL CIR AL DIRE tached for the Dept.	3	22% SIGNATURE	0	10.	0	1)	DEGREE			22c. DATE	SIGNED
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F8 F83 8	23	BURIAL CREMATION, RE	MOVAL 2	36. DATE			EMETERY OR CREMATORY	23d. LOCATION		DUNTY .	STATE
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DHMH-16 25M	24	FUNERAL DIRECTOR			ADDRESS			REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
(VRA 15, 4) 1/79		John H. Bast	, Jr.	Boo	nsboro,	Md. 2	1713 M	AR 1 o 1986		· ideas	Pande 12

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August 1120001n Elizobeth Serser 500 Than Allin Ave. Yes . . One Eul-ja-Udiz John H. Leoneru, Takons Park. No. 2007

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

Н	I, DEC	EASED HAME	FIRST	Made	1ºine	· ·	AST	20 DATE OF DEATH	MONTH DAY YEA	R 21	HOUR	
1			Mary		M.	Ke	eney		3-23-8	6	122	PM
	3. SEX		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTI			F UNDER 24	
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0	10 CI	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION			BUSINESS	OR
7		Hagerstown		Washi	ington Co	unty	Hospital	assembler	a a	irc	raft	
2	JSUA	L RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE			
2	Mar	yland	Washi	ngton	Williams	port	YES NO X	Route 1	Box 231A	3	2179	95
	III. FA	THER'S NAME	MIE	DDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
J		William			Vanc	e	Jennie			vey	130	
î		AS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE:	,		1.1	
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				DUE TO, O	R AS A CONSEQUE				1			
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7	CERTIFICATION	DATE OF OPERA	11014	176 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING CAU	SES O	F DEATH	?
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U		saw the decease	ed alive_on	31	23 10 8	36 . ar	nd that in My (our) apinian d	leath accurred an the da		the car	uses state	d
		abave, (D(well) 22b. SIGNATURE	did no)	view the bady	after death.		DEGREE			ATE SIG		
		Ruth	and a	E. An	uth 14	· D.	ATTENDING PHYSICIAN	MEDICAL STAF		124	186	
ï	131	22d. PHYSICIAN'S NA					22e ADDRESS			-	141	
	9	Richard	E.Sm	ith, m	·D.		1708 Oak Hil	1 Hue, Hage	vstown, h	rd:	2171	60.
Ī		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION				*
		burial		March	26,1986	Green	lawn Mem. Parl	k Williams	port, Wash	. ,	Marŷ	land

DHMH - 16 60M 7/B4

(VRA 15, 4)

burial March 26,1986
74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Williamsport, Wash., Maryland 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

00-0088	1.	FOR STATE REGISTRAR	DEPART	STATE OF NEARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 0 9 5 5 6
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
poge 3		Anna	Mae	Kellev	March 5 1986
o de les	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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Se se se	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
nero nero	N	w York	U.S.A.	WIDOWED DIVORCED	Washington County MD
with the feet	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS OR
by the	Ha	agerstown		ounty Hospital	Clerk Printers
filled in	13a :	TATE 136 COL	or other institution Give residence before JNTY I3c CITY OR TOV Hington Hagers	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 21740 157 S. Prospect St.
ompletely on 2 si	14. F	THER'S NAME William	MIDDLE EAST	Bird Mary	Ellen Gilmartin
and confi		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	Williamsport, Md.21795
in the		No	Unknown	David P. I	Willer 137 E. Potomac St.
Billian '			anly ane cause per line for Tai, (b), are SED BY: ATE CAUSE (a)	DIAC AMPST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU		
and	NOL		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 11g
1 1119	TIFICA	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO YES NO YES NO
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19 12 6	103	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY STATE

NOT WHILE 220.1 certify, that (1) (this haspital) attended accurred an the date and have and fram the causes stated abave DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial

23d LOCATION
CITY OR TOWN

Morrisvill

ORTANT, if hem 21 is

5-6-86 Morrisville Cem Gerald N. Minnich Hagerstown. 24 FUNERAL DIRECTOR

METENER, WI

New York

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

	/	REGISTRAR				CERTIF	ICAIL OF	DEATH		REG. NO	o			
-		CEASED NAME OR PRINT)	obe	++	Duane	Kin	uch		20 DATE C)F DEATH	3	9/86	26 HOL	PSO PM
	3. SEX	male		4. RACE Whit	e	Dece		2, 1 ^{year} 2	6. AGE (IN	YEARS LAST BIRT	h	UNDER I YEAR	HOURS	MIN.
)	Pé	RTHPLACE (STATE OR I	a		S.A.	MARRIE WIDOWE		R MARRIED DIVORCED	9 BALTIM	ORECITY O Wash	RCOUNTY ingtor			MD.
X	F	TY OR TOWN OF DEA lagerstown		Washi	HOSPITAL, NURSIN HEACHITY, GIVE STREET A LINGTON COL	unty			(TYPE OF WO	OCCUPATION FOR MOSTO	F WORKING LIFE		k Co	
1	Ma Ma	AL RESIDENCE OF NURS TATE Tryland	136 COUN		13. CITY OR TOWN Hagerst	N	YES 🗌	CITY LIMITS?	402	ADDRESS /			2174	0
)		THER'S NAME FIRST William		MIDDLE S.	Kinch			R'S MAIDEN NA FIRST Hazel	ME	MIDDLE F.		Patte		
1		VAS DECEASED EVER VES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	219-14-7		Mrs.	Freida .	A. Kin	addre nch, Ha		own. M	ary1	and_
7	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	which mediate ag the lost.	DUE TO, OI	RAS A CONSEQUE RAS A CONSEQUE POST F DINTRIBUTING TO C COLUMN THOM FOR WHICH	NCE OF Clie DEATH BUT	1 de	ement	LOL MINAL DISEA ZOO AUT		206. IF YES	EN IN PART 1	NGS USE	TH?
7	MEDICAL CERT	218 ACCIDENT WAS UNE OR CONTRIBUTING 0 (IF EITHER NOTIFY MEDII 21d INJURY OCCUR! WHIE NOT WAT WORK AT WORK AT WO 220 1 certify that (I) SOW the account Obove (I) we'd 22b. SIGNATURE 22d FHYS	CAUSE OF DE ALEXAMINER RED AILE (this hospi	21e PLACE (AT HOME STR	M. MONTH DA M. OF INJURY EET. FACTORY, OFFICE FA deceased from 19	19 ARM ETC)	211 LOCA STR	, 19 S y) our) opinion ATTENDING PHYSICIAN [RED (ENTER N	CITY OR TOV	wn ate and hour	COUNTY	that 10 (couses sta	STATE we) last
_	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		IAME OF C	EMETERY O	RCREMATORY	23d LOC	ATION	CON	26107 /	-	-1/1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health MAPORTANT: If Hem 21 is

Mar. 12,1986 Rose Hill Cemetery

Mar. 12,1986 Rose Hill Cemetery

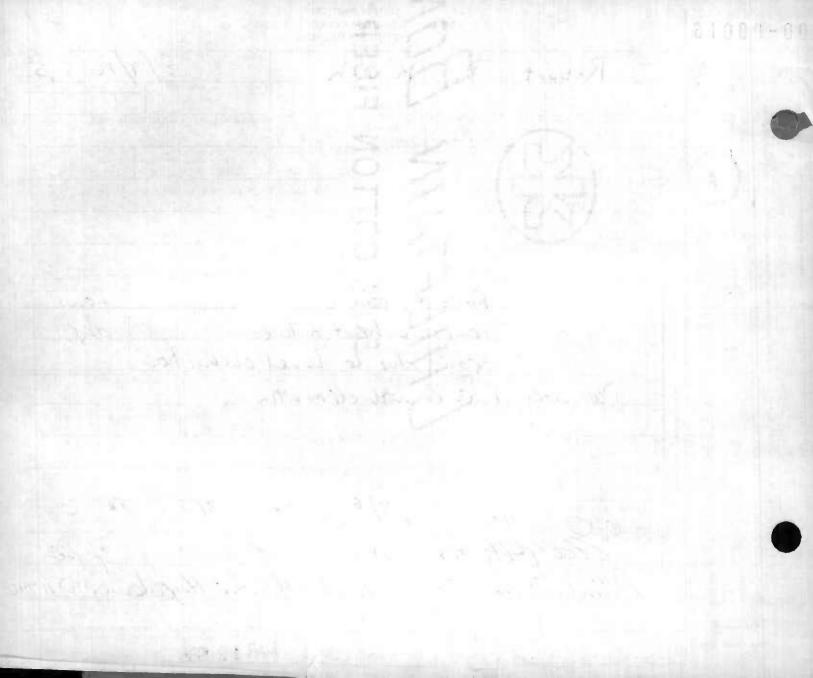
Mar. 12,1986 Rose Hill Cemetery

Minnich Funeral Home

415 E. Wilson Blvd., Hagerstown, Maryland 21740

ery Hagerstown, Wash., Maryland

- widerdon Barton



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FOR	FOR 1 - STATE	2 0	2	02	1 -	11
- STATE	- STATE	0 0	J	UL)	0

AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR		CENTIL	CAIL OF BEATH	REG. N	0.		
- 1		CEASED NAME FIRST	WIDDLE	1./	121	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	[TYPE	OR PRINT)	T	6	1-7-		3-21	1-01	7:80 "
-	3 SEX	Clarenco	4 RACE	5. DATE O	571 <u>-</u>	6 AGE LIN YEARS LAST BIR	THDAY	F UNDER 1 YEAR	IF UNDER 74 HRS
	3 357							ONTHS DAYS	HOURS MIN.
		Male	White	Apr	11 24,1918	67	YRS		
1	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1	1	Maryland	U.S.A.	WIDOWE		Washi	ngton		MD.
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATI			F BUSINESS OR
69			Washington Co		Hospital	Laborer Laborer		INDUSTRY	
1		Hagerstown			TOSPICAT	Daborer	7796		
5	USU A 13a. S	AL RESIDENCE HE NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		21740
1	Ma		nington Hagers		YES NO	13 STREET ADDRESS	rospe	ct St	reet
1	14 FA	THER'S NAME			15 MOTHER'S MAIDEN NA	ME			
/		George H	Kintz		Clara	Awiddre		Harts	ock
	16- 14	VAS DECEASED EVER IN U.S. AR		DITY NO		ADDRI	- 25-10		
1	(100 4)		E WAR OR DATES] 220-05-		17 INFORMANT Harr	y Kintz,	358 E	ast T	hird
1		110	= 220=03=	0051	Street, Fr	ederick,	Maryl	ana_2	
			ily one cause per line for (o), (b), and	diesi				BETWEEN	IMÀTE INTERVAL ONSET AND DEATH
	0.7	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)						
	7.9	DAMEDIA						^	
		C - 191 - 111	DUE TO, OR AS A CONSEQUE	NCE OF	(4) Baden	0 AvA > 0	-4:	Horal	11-5
	- 1	Conditions, if any, which gave rise to immediate	(b)		d 1 Baopin	74172		The contract	Non
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					,
		onderlying coose tost.	(c)		ca of 2	SARACUS	74	mon	765
7.7		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
	CERTIFICATION	CABO.	A CEIN		V				
1	AT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
6	F	1,000				YES NOT		TING CAUSES	NO [
-	2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	1 - 7			
7		OR CONTRIBUTING CAUSE OF DEA							
	O.	LIF EITHER, NOTIFY MEDICAL EXAMINER		19	011 10 CATION				
	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
	~	AT WORK NOT WHILE	The state of the s						
		22a I certify that (I) (this hospi	tol) ottended the deceased from		, 19		1	986.	that (1) (we) last
		saw the deceased alive on	it) view the bady after death.	, on	d that in (my) (our) opinion	death accurred on the d	ate and hour	and from the	causes stated
		22b. SIGNATURE	ir) view the baey after death.		DEGREE		W. L. D.	22t. DATE	SIGNED
- 7		1/1 /	2 A. 15	1	ATTENDING	MEDICAL STA		7.3	. 0 .
-		224. PHYSICIAN'S NAME (TOPE O	any mi		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	, IAN []	17.5	1-9.
-1		()	, ,		10000	1. 1	1	+	1
		W. 3.	KAWG		1433 Va	TTVR 1	198 Pr	510W0	Md
191		BURIAL, CREMATION, REMOTA	236 DATE 236 N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	COUNTY	STATE
	1	Cremation X	Nar 29, 1986 S	mith	sburg Crema	tory Smit	hsbur	g Was	h. Md.
	24 F	Milthaneney				E REC D BY REGISTRAR		RAR'S SIGNAT	URE
84		06 E. Church	St. Fred. Md.			R 3 1 1086	F . X	i dama-	fandam
				Time gate	IN/I	TI TI IMALI			

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points that the depth certificate be executed within 24 hours after depth. Page 4 may be	signed by the ottending toboring and completely lifted as by the luneral director, stope 2
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overs that	aned by

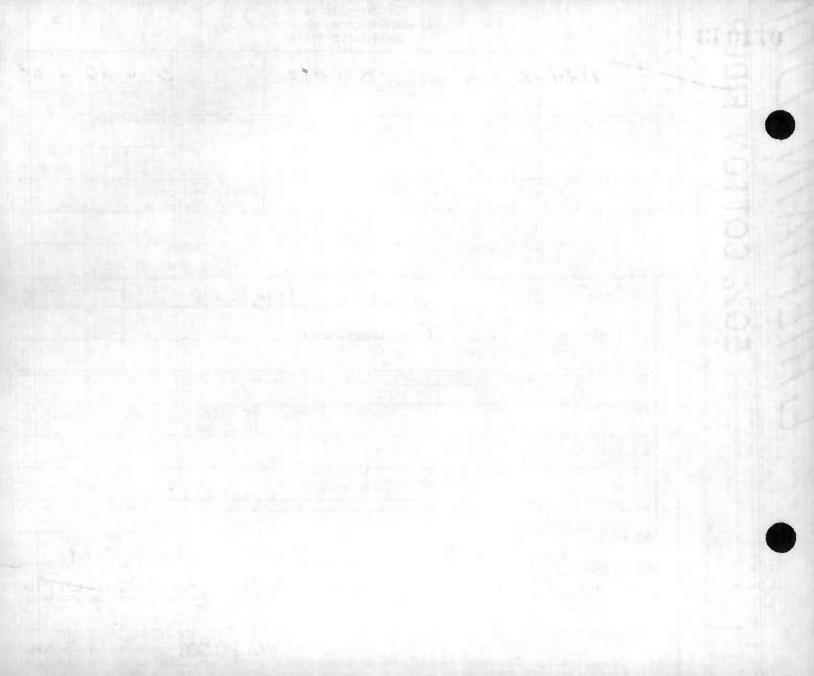
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1		REGISTRAR					REG. I	VO.		
	DEC	EASED NAME FIRST	K	ënneth	LA	(\$1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
2	THE	ARTH		1/	1	200212	200000	2 -	6-86	7: 20A
4				K	DATE O	1001172	6 AGE (IN YEARS LAST B	<u> </u>	IF UNDER LYEAR	IF UNDER 24 HRS
1	SEX		4 RACE	1	MONTH		AGE (INTEARS LAST B	RIHUAT)	MONTHS DATS	HOURS MIN.
	mc	ile	white	te		st 7, 1915	70	YRS		
7	W RIS	RTHPLACE ISTATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY? 8	rugue	00 1, 1010	9 BALTIMORE CITY		Y OF DEATH	
	. 5	CONTRY)			MARRIED	NEVER MARRIED		-	1 OI DEATH	
2	Mc	iryland	USA	4	WIDOWE	DIVORCED [Washing	ton		MD.
01	B. CI	TY OR TOWN OF DEATH				ROTHER INSTITUTION	120 USUAL OCCUPA		12b KIND C	OF BUSINESS OR
7	72	Included a light		H FACILITY, GIVE STREET AD		222 + 27	(TYPE OF WORK FOR MOST	OF WORKING	INDUSTRY	craft
4		igerstown		gton Count		spriai			at	reraji
		TATE TUB COU		136 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 719 COF	ne .	
3 1	Man		ngton	Hagersto		YES TO NO	305 Sum	nit Ar	20. 27	1740
_	-	THERS NAME	regione	nageroo	ω/τ	15 MOTHER'S MAIDEN N		1100 110		
Ш		1907	MIDDLE .	LAST		FIRST .	MIDDLE		LA	ST
11		Walter		Koontz		Myrtle			Car	rey
) H	fig 35	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECURI	TYNO	17 INFORMANT	ADDI	ESS		
/			VE WAR OR DATES)	010 11 00	07	T7: -7 -4 T	V+~ II		200 11/2	
	126	88		212-14-62	UI	violet 1.	Koontz, Hag	21.5 100		
		18 CAUSE OF DEATH (Enter of	nly ane cause per	line far (a), (b), and (CII		,		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE		00	and	100 Ar	rela			
91		IMMEDIA	TE CAUSE 10)					_		
			DUE TO, O	RAS A CONSEQUEN	CE OF					
	7.1	Conditions, if any, which	(d)	124	Pu	nous's				
		gave rise to immediate couse (a), stating the	1							
		underlying couse lost.	DUE TO, O	r as a consequen	CE OF					
26	- 1		(c)							
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0
	Š.									
7	IFICAT	19s. DATE OF OPERATION	19b. COND	TION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
7	ž l		C 62/2004						IFYING CAUSES	
	CERT		7				YES NO		ES [NO 🗌
3	5	210 ACCIDENT WAS UNDERLYING	110115	M. MONTH DAY	YEAR	TIC HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	URY IN ITEM 18	PART 1 OR PART 2)	
/	4	OR CONTRIBUTING CAUSE OF DE	7111		19					
	용	21d INJURY OCCURRED	21e PLACE		17	211. LOCATION				
	뿡			EET, FACTORY OFFICE, FAR	M. ETC)	STREET	CITY OR T	NWC	COUNTY	STATE
		armos D not write D								
SI		220. certify that (1) (this hasp	ital) attended th	e deceased fram			, ta		. 19	that (I) (we) last
		saw the deceased alive ar		19	, and	d that in (my) (aur) apinia	n death accurred an the	late and ha	ur and from the	causes stated
		abave, (I) (we) (did) (did m	ti view the bady	atter death.	-	DEGREE			22t DATE	SIGNED
		228 SIGNATURE	1.06	-1.		ATTENDING	MEDICAL ST	EC	THE DATE	SIGNED
			11196	2 sun		PHYSICIAN	DIRECTOR PHYS	CIAN	15/6	101
		22d PHYSICIAN'S NAME MYPE	OR PRINT)			22e ADDRESS				
1		The transfer of the state of the transfer of t				11.001	11 1	. 1	1 1	
1		ARDUI 1	1 All e			1610 041	- HIII A	c //	AT 1115	191740
1		ABOUL L	1 Atter	ed un		1610 - OAL	cHill AV	8. 11	46. mg	21740
7		ABOUL L	JAHRER 1236 DATE	23(NA	ME OF CE	1610 - OAL	23d LOCATION	E. 11	AG. MI	21740
2:	71	ABOUL L URIAL CREMATION, REMOVAL					23d LOCATION CITY OF TOWN Hagersto	Е. [д	ash. Me	ary land
	b	ABDUL L URIAL, CREMATION, REMOVAL SPECIFY, Urial	March	8,1986 Re		aven Cemeter	y Hagersto			
	b:	ABDUL L URIAL, CREMATION, REMOVAL SPECIFY, Urial	March VICH FUN	8,1986 Re ERAL HOME	est H	aven Cemeter	y Hagersto	256 REGIS	ash., Mo	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



DEPARTMENT OF HEATH AND MENTAL HYGIENE (1975) DEPARTMENT OF HEATH AND M		1					TATE OF MA			6	13	- 2	- 1
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MORE MORE	00 0000	1	FOR STATE							U	4	9 0	
ROBERT ALAN KRISTEK DORAH MARIE XIMARCH 13, 86 2:00 DATE OF BUSINESS REPUBLICATION OF THE ACT OF WHAT COUNTRY IN ARREST DATE O	00-0088	14	REGISTRAR	7	ME		INER'S CE	RTIFICATE OF D	EATH	REG. NO.	150-11		
DATE OF THE PROPERTY OF THE PR		1					LAS	Y	20 DATE K	NOWN "	ONTH (
Male White Dec. 20 193 State Date Date	결성되를	ti i		KOBERT		LAN	KR	ISTEK	DEATH ,	MATED XIM	ARCH	13,86	2:00
The Berthmarker issant own The Children of What Country Mass Mas	3020	3.	SEX	4 RACE		6 AGE	IN YEARS IF UNDE	R 1 YR. IF UNDER 24 H	RS 2c. DATE	M	HINC		
The Berthmarker issant own The Children of What Country Mass Mas	N 2500	ž 1	Male	White	Dec. 20	1957 28		DATS HOURS MIN	DEAD	MARCH	13	1986	2:27A
MASS. U.S.A. WOOMED DONCED WASHINGTON COUNTY MAS OF HOSPITAL NURSING HOME OF OTHER HISTORY OF THE PROPERTY OF	MALE STATE	AT T	BIRTHPLACE IS	TATE OR	76 CITIZEN OF WI	HAT COUNTRY?	8 MAPPIED	NEVER MARRIED	O DALTIAN			OF DEATH	
In Carry or Town of Death In Name of Hospital, Nursing Home, or other Institution The Moder Control Cont	SESE	00			U.S.A					ningto	n Co	ountv	CAA
Hagerstown Washington County Hospital Meat Gutter Retail Washington Hagerstown Vision County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision No County Hospital Meat Gutter Retail Washington Hagerstown Vision Hagerstown Vision Hagerstown Name Washington Hagerstown Vision Hagerstown Vision Hagerstown Name Washington Hagerstown Vision Hage	SHAR S	S	CITY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NURSING H			USUAL OCCUPA	ATION (TYPE OF		KIND OF BU	USINESS
THE COUNTY AND COLORS OF DEATH (CHICALD) AND COLORS OF DEATH (CHIC	FRANK	17	Hagers	town									
Maryland Washington Hagerstown New Solid Street	- 200		SUAL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE AD	MISSION)			0	10	1/1	<u> </u>
It states name Account	1 35.59	The same of the sa								100	+ 0	Thoat	
JOSEPH JOHN JOHN KRISTER ST. NELLIE BUDGES IN MAS DECERSERYER IN U. S. ARMOR FORCES? IN MAS DECERSERYER IN U. S. ARMOR FORCES? IN SOCIAL SECURITY NO. II. RNFORMANT ADDRESS NO 013-42-4372 Nellie B. Pealo same as 13 IN CAUSE OF DEATH Enter only one cause per line for (o), blo, and (o). PARTICIPATE AND	[A.]		FATHER'S NAM			magers					<u>U D</u>		
The MAS DECASED EVER IN U.S. ARMED FORCES THE SOCIAL SECURITY NO. D. INFORMANT ADDRESS THE SOCIAL SECURITY NO. D. INFORMATION SECURITY NO. D. INF	~	×//	-	h To							The		
INC. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	A COR	9 -	60 WAS DECEASE	DEVER IN U.S. ARM	NED FORCES?				EUU		נע	rew	
11 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART (DEATH WAS CAUSED BY. E) B14 PEDBETRIAN STRUCK BY MOTOR VEHICLE MOMENTS	E E 500	0	D. 200	OWN) (IF YES, GIVE V	VAR OR DATES)	077 40	1770	77 77 77	70 7				
PART 1 DEATH WAS CAUSED BY: E 814 PEDSETRIAN STRUCK BY MOTOR VEHICLE MOMENTS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost (c) THE TOTHER SIGNIFICANT (ONDITIONS CONTINUING TO BEATH BUT NOT RELIAND TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 is. THE TOTHER SIGNIFICANT (ONDITIONS CONTINUING TO BEATH BUT NOT RELIAND TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 is. THE DATE OF OPERATION IPS. DATE OF OPERATION IPS. CONDITION FOR WHICH OPERATION WAS PERFORMED? THE EXTERNAL CAUSE WAS HUNDERLYING BOR CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF OPERATION IPS. DATE OF OPERATION IPS. CONDITION FOR WHICH OPERATION WAS PERFORMED? THE PLACE OF INJURY HOW INJURY OCCURRED (ENTER NATION OF PROMOTE NITED INFORMATION FOR ANY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ON	至 900世後	8/		OF DEATH (Fotor poly				Mellie E.	realo	same	as .	APPROXIMAT	F INTERVAL
270. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNED MARCH 15, 1986 (TYPE OR PRINT) 270. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE (SPECIFY) ADDRESS 217 W. WASHINGTON STREET HAGERSTOWN, MICHAEL SIGNATURE (SPECIFY) 270. Lactrify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , MARCH 15, 1986 ACTUAL SIGNATURE SIGNATURE SIGNATURE	ti Bade	4	PARTIDI	EATH WAS CAUSED	BY:			IAN STRUCK	BY MOTOR	VEHIC	5	BETWEEN ONSE	T AND DEATH
270. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNED MARCH 15, 1986 (TYPE OR PRINT) 270. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE (SPECIFY) ADDRESS 217 W. WASHINGTON STREET HAGERSTOWN, MICHAEL SIGNATURE (SPECIFY) 270. Lactrify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Norral causes , Accident , Suicide , Hamicide , Undetermined manner , MARCH 15, 1986 ACTUAL SIGNATURE SIGNATURE SIGNATURE	S FEGS	SIE SIE	1814	/ IMMEDIATI				TAN STROOK	91 MOTO!			MOME	NTS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificates the model within 21 hairs after death. Fig. 4 m retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and compliantly filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbo apparational floor. The district permit has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other traumotic centil the mind oil court or might be marked.

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(VRA	15, 4)	Ge	rald N. Minr	nich Hagerston	m Maryland	APRO'1 1986	- some many organist

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH Fern MONTH YEAR 26 HOUR Keller LEWIS (TYPE OR PRINT) 86 3 Keller 27 ewis 4 RACE IF UNDER I YEAR 1.5EX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Feb. 5. 1905 YEAR Male White To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Marvland U.S.A. Washington WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Washington County Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Hagerstown Farmer Farm USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Wash. Cavetown 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21720 NO X P. O. Box 46 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Etta Charles Lewis Tracey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Anna Jane Huff Cavetown. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRED	YES NO D	YES	NO [
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22a.1 certify that (I) (this hospital)	1-11 16	d that in (my) (our) opinion dea	, toath accurred on the date		that (I) (we) lo

DEGREE

22e ADDRESS

ATTENDING

236 BURIAL, CREMATION, REMOVAL 23b. DATE Mar. 29, 1986 Mt. Bethel Cemetery Foxy

Foxville, Fred., Md.

STAFF

22c. DATE SIGNED

STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4) 74. FUNERAL DIRECTOR

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270. I certify that (I) (this haspital) attended the deceased from SULLY II. 19.80 to COOK 30. 19.80 that (I) (we) last saw the deceased alive an March 30. 19.80 and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-30 SC. 274 PHYSICIAN'S NAME (LYPE OR PRINT) The ADDRESS	ding physical ding physical to certificate the build transit Mental Hygie or New 18 shift	(A) 11600 I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19 211 LOCATIO	JURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM I	IB PART I OR PART 2)	
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.K. Coffman Funeral Home. Inc.

June Havidson-Mandalle

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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Lilian Bruce Downie.

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Lagyretown, 76.
L.K. Coffeen Funeral Nore, Inc.



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John H. Bast, Jr. Boonsboro, Md. 21713

(VRA 15, 4)

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John H. Bec. Jr. Econspore, M. 2011, 148 1 2 1986

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AND 213	filled in	130 S Ma	ryland	Trede		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic	N	130. INSIDE CITY LIMITS?	130. STREET ADDRESS 6 Water	Street	/ 21701	
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BALTIMORE,	Pages,		AS DECEASED EVER I ES, NO OR UNKNOWN) NO	VU.S. ARME (# YES GIVE W None		217-18-		Martha J. H	205°E		urth St Maryla	reet nd 21701
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71	BP	73a 8	URIAL CREMATION, I	EMOVAL	ADATE			emetery or crematory	234 LOCATION CITY OR TOWN Frederi	ok F	county rederic	k Md.
	NH - 16 50M 4/B2	24. FU	INERAL DIRECTOR 1	th, Ke	eney &	Basiord	Funer	ral Home 25a. DA	TE REC'D. BY REGISTRAR		AR'S SIGNATU	
	(VRA 15, 4)	1	6 East Chu	rch Si	Fre	derick,	Md. 2	1701 FW.	O TOTAL OF THE PARTY OF		- Andrew Williams	X.

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0-00478	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 5 7 2
1	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
deogh 3	Gladys	Violet	OSBORNE	March 9, 1986	2:15P M
and .	3 SEX	4. RACE	S DATE OF BIRTH		FUNDER I YEAR FUNDER 24 HRS
ge 4	Female	White	September 15,1903		DATE TOOKS MILE.
nerol dir n 72 hour	Pennsylvania	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED WIDOWED NOVER DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
by the fu	Williamsport	11. NAME OF HOSPITAL, NURSIN Homewood Retire		120 USUAL OCCUPATION 1 INTERPRETATION STOP WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY HOME
filled in host be		or other institution give residence before INTY I 13. CITY OR TOWN WITTIAMS		36 Milestone Gai	rden Apts.21795
Control of the contro	Perry M	elvin Kelly	15. MOTHER'S MAIDEN NA.	ANDOTE	Winger
n ond co	164 WAS DECEASED EVER IN U.S. A		5740 Major M.Osbor		Box # 348 D 21795
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W	gove rise to immediate cause all stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
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CIAN: 1 physic pertificate ol-trons and Hygin	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (15 FILTER NOTIFY MEDICAL EXAMIN		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)

MEDIC 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased fram that (we) last opinion death accurred an the date and hour and from the causes stated obove, MDve) (did) (lid not) view the body after death. 22h SIGNATURE DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

Burial

Mar. 12, 1986 Rest Haven Cemetery

Hagerstown Washington Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF PHYSICIAN

Major M. Osborne Williamsport, MD 21795

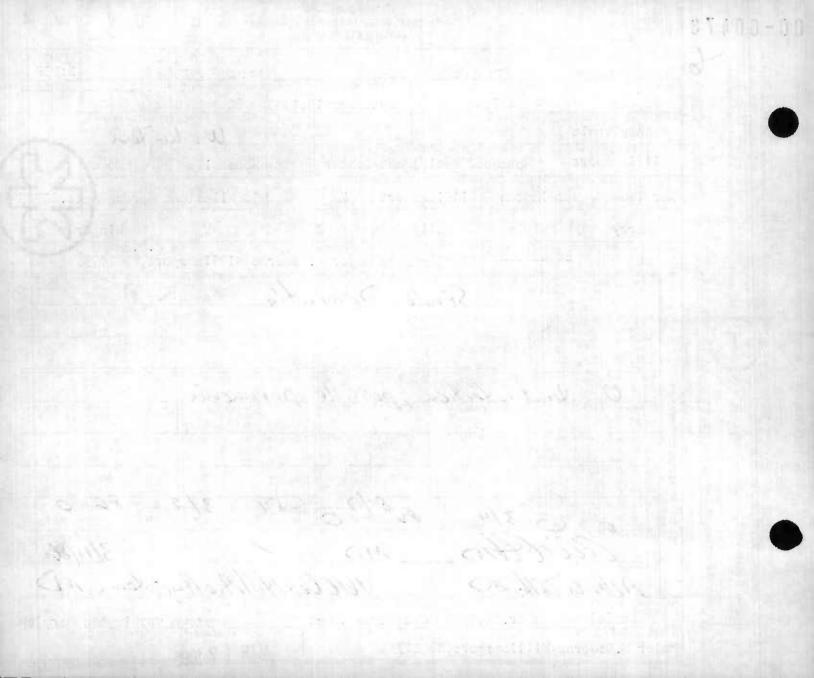
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STATE OF MAKTLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
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3	6	0	9	5	7	3
	REG. NO.					

	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI	REG. NO.		5 / 5
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	(TYPE	ORPRINT GEORGE	32	PE	ACHEL	3	12 86	Q _M
	3. SE)		4 RACE	S. DATE C		& AGE (IN YEARS LAST BIRTHDAY	F UNDER I YEAR	
	M	Male	White	Dec		60	YRS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	HILL TO
		aryland	U.S.A.	WIDOW	Could be a second of the secon	1 Washi	ngton Co	unty MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND	OF BUSINESS OR
	Ha	agerstown	** * * * * *	ount	v Hospital	Manager	Sna.ck	124
-	U5UA 13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADORESS /Z	con Hag.	Md.
	Ma		hington Hager				shington	-
	14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	LA	AST E
		PR	ederick Peac	ner	Charolett			- 81
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
		No			Carol Heagy	133 E. Fr		t.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly ane cause per line for (a), (b), and			10000	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	10		E CAUSE (a) ATC	1616	ESPITATOR!	THELEST	4	DAYS
		100	DUE TO, OR AS A CONSEQUE	NCE OF	1 Asomano	Carloud AS-5	munit 1	DEM
		Canditions, if ony, which gave rise to immediate	((b) MEINS	11111	C MIDENU CARC	CONOMA OFS	7014411 1	4 earle
		cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF				
	0.0		(c)					
	Z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	10
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200	IF YES, WERE FIND	INGS USED
7	TIFIC					YES NO	CERTIFYING CAUSE YES	NO [
	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		Y YEAR				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE	CHI ON TOWN	~	31016
i	100	220.1 certify that (1) (this hospi	tal) attended the deceased from_		SENT 19 85		1986	. that (I) (we) lost
H	1	saw the disteased alive on	19 S	7.0	nd that in (my) (aur) apinian d	leath occurred an the date a	nd have and from the	causes stated
	15	17h SIGNATUSE	720		DEGREE		22c. DATI	ESIGNED
,		Mort	Kan		PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 5-	-13-86
1		220. PHYSICIAN'S NAME	PENGS		22e ADDRESS		A CONTRACTOR	
		BURIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	(Burial	3-15-86 Sar	ple	Manor Cem	Hag.	Vash.	Md.
		UNERAL DIRECTOR	305 NATORE PO			REC D BY REGISTRAR 756	REGISTRAR'S SIGNA	TURE
ł	Ge	rald N. Minn				1 1000 Se	Kile B	nda92

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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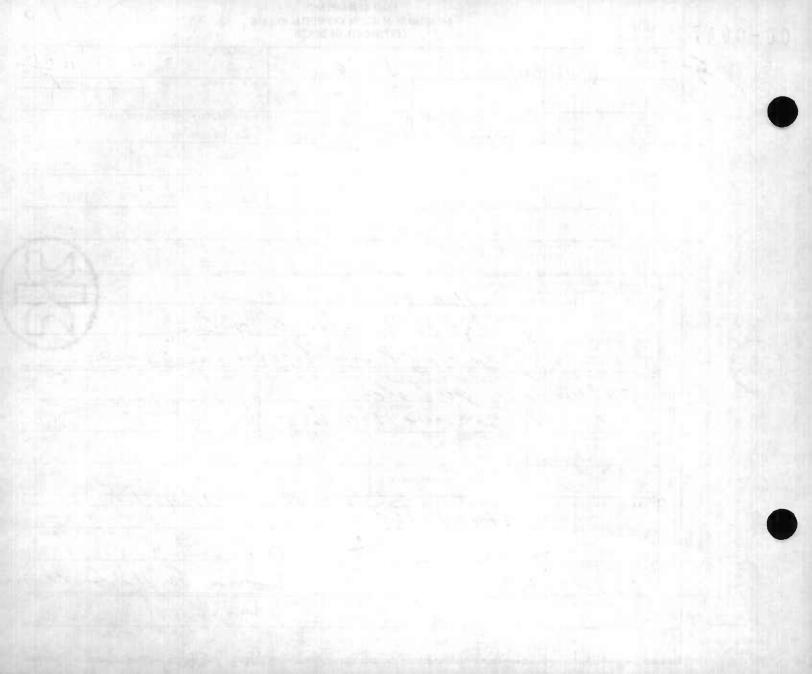
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2	CO	DUNTRY)	FOREIGN			MARRIE	NEVER MARRIED				TOFBEATH	
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70		George		Carl	Huber	r	Cora					i th
dicol /	60 W/	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC		17. INFORMANT		1231 GT	ss enwoo	d Avenu	16
ě /		S, NO OR UNKNOWN)			219 20 2	2100	George 0.	Rash	Hagerst	own.	Md.	21740
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DHMH - 16 60M 7/84 (VRA 15, 4)

Buria] 24 FUNERAL DIRECTO

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

STATE OF MARYLAND

Hagerstown, Wash., MD.

YES T

COUNTY

22c. DATE SIGNED

STATE

2b. HOUR

126 KIND OF BUSINESS OR

21740

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

IF UNDER LYFAR

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250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Davis Funera Home.

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Panarylwanta U.S.A. Resident County

Security and Washington County Hospital Rachinist Tool Co.

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Samuel Pook Reduces Red

Tes No 1 (214-03-77)8 Joan F. Ottinger Harreliff

Tes No 1 (21

Cremation 3-16-86 Smithsburg Crematoriam, Smithsburg, Wash., No.

Donnie L. Thompson Functal Lone; Inc.

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00184	1 -	FOR STATE 5/19/86 rja REGISTRAR	DEPART	CERTIFICATE	AND MENTAL HYG OF DEATH	REG. NO	U	9 3 / 0
0010		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	ONTH DAY	YEAR 26. HOUR
oge 3		Andre	ew S	San	14	3	3-8-	86 233
er der	3 SE		4 RACE	5 DATE OF BIRTH	DAY YEAR	& AGE (IN YEARS LAST BIRTH	DAY) IF UN	DER 1 YEAR IF UNDER 24 HRS
s aft		Male	White	7-6	26 -22	63	YRS.	IS DATS HOURS MIN
100		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED IN	EVER MARRIED	BALTIMORE CITY OF	COUNTY OF	DEATH
2/2	P	ennsylvania	USA	WIDOWED	DIVORCED [Wash	ingto	n Co, MD
\$7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		RINSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	L KIND OF BUSINESS OR
N AC	_	Illiamsport		Nursing	Home	Machinist		Truck Manf.
135	13a .	aryland Wash	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY nington Hagers t	OWN YES		N. Potomac	St.(YMC/	A) 21740
25 sh		THER'S NAME FIRST Indrew	MIDDLE Samu	15. MO	Elizabeth		100	Demeter
1 and	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INF	ORMANT	44040AB	urma Ro	ad
the	(Yes (18 18 18 18 18 18 18 18 18 18 18 18 18 1	4154 178-12-:	9890 Eli	zabeth Yuh	nas Monroe	ville,P	A. 15146
papers. r emoval. lic event,		18 CAUSE OF DEATH (Enter of PART) DEATH WAS CAUSE	nly ane cause per line far (a), lb), a	nd icu	F.Dou.	a.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
bon or re		IMMEDIA	TE CAOSE TO		·	C	- 1	,0
e car tion, tra		Canditians, if any, which	DUE TO, OR AS A CONSEQU	LE DEST	in su	elian.		
se removal, cremary, or othe	M	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF				
en plea to buris	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART 1(a)
rior sany	5	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	DEDECIDATED	20a AUTOPSY?	20h IF YES WE	RE FINDINGS USED
ermi spow	FIC	THE DATE OF CHANGE	\	TOTERATION WAS	EKIOKMED		IN CERTIFYING	CAUSES OF DEATH?
18 18	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c He	DW INJURY OCCURE	YES NO	YES THE TEM 18, PART 1	
-tran		OR CONTRIBUTING CAUSE OF DE.		AY YEAR	1			
Meria	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY	21f LC	CATION			
the h h and narke	¥	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOW	۷ (OUNTY STATE
lealt Isr		22a.1 certify that (I) (this hasp	tal) attended the deceased from.	3-6	19.86		. 19_2	that (I) (we) last
of the		saw the deceased alive an abave, (I) (we) (did) (did) (did)	ot) view the body after death.	86_, and that i	n (my) (eer) apinian o	death accurred on the da	te and haur and	from the causes stated
Dept.		226. SIGNATURE	1.00	DEGREE				224. DATE SIGNED
State		///www	Meles	MD		MEDICAL STAF	AN	3-8-86
should be detaching the State IMPORTANT:		ME BYV	OR PRINTI	270. A	odress Villi But	spout 1	ud	
48 ≥	23a I	SURIAL, CREMATION, REMOVAL		NAME OF CEMETER		23d. LOCATION CITY OR TOWN	COUN	ATY STATE
		Burial	Mar.11,1986 Re	stland Ce		Monroevill	e Allga	ney Penna.
H-16 25M		NAME	.0.Box # 348		TOO NOT THE	E REC'D. BY REGISTRAR	0	
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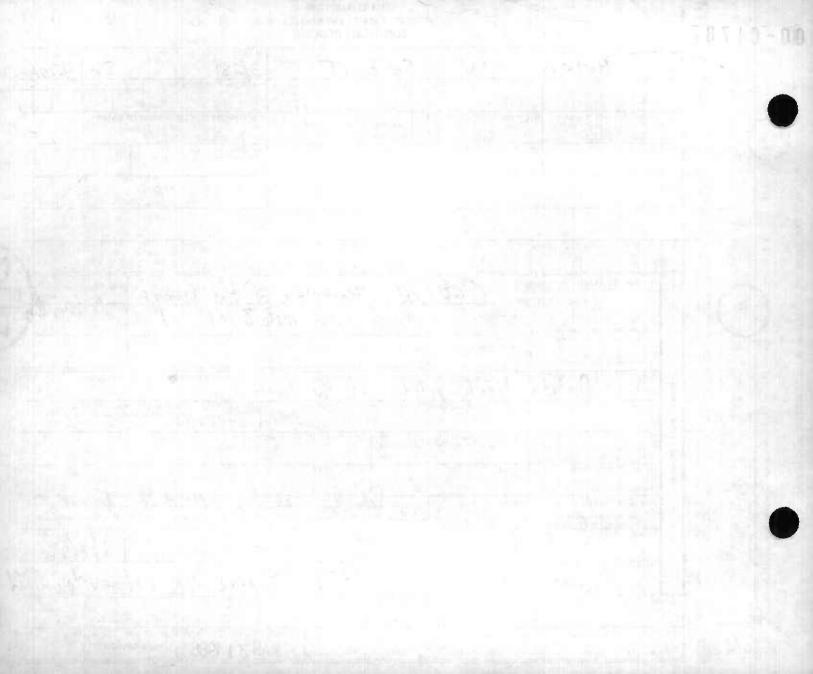
		1.	FOR			DEPARTA			ARYLAND AND MENTAL H	YGIENE	6	O	Q 10	7	9
00-01	580		STATE REGISTRAR				EXAMIN			F DEATH	REG	NO.	-		
3	3. 5. 5. F.		CEASED NAME E OR PRINT)	Sig E	Eva 6	Gert	rude	Se	SCHAME	1	DATE KNOWN OF ESTI- DEATH MATED	0 40	NIH DAY	YEAR 1986	6 PM
RY, PLES	DIRECTO OUR FIL 72 HOU ON STRE	3 SEX	- 1 - 1	nite	oct. 2,	1898	AGE IN YELLAST BIRTHD	AY) MONTE	DER TYR. IF UNDER		DATE DNOUNCED DEAD	NOM Z	DAY	TO HE	70 HOUR
A PROCESS		FC	RTHPLACE (STATE OR REIGN COUNTRY)			S.A		WIDOW		IED 📙	ALTIMORE CIT	y OR CO	WINTY OF	DEATH	MD
ELAY S	PAGE PAGE	Ü.	TY OR TOWN OF DE	vn	11. NAME OF HOS	gton (County	Hosp		FOR MOST	OCCUPATION OF WORKING LIFE) OUSEWIFE	TYPE OF W	ORX 126 K	IND OF BUSTR Home	SINESS
21201 F ANY D	AND 3	USU/ 130. S	TATE Md.	136 COUNT	r other institution, GI TY 1Sh •	13c CITY	or TOWN Sersto		AES (X) NO []	130 STREET	ADDRESS lexande	r St	. 2	21740	
RE, MD	PASSED //		Robert		WIDDLE	1	wilson		15. MOTHER'S MAIDE FIRST Elizal		MIDDLE			LAST	
ALTIMO	H FORM MGES 1 MGES 1		VAS DECEASED EVE ES, NO, OR UNKNOWN) NO		AED FORCES? WAR OR DATES)		-22-90		17. INFORMANT		ADDŖ	ESS			
RECORDS, 201 W FEETON ST.	"FENDING" IN PROCEEDING TO THE TENT OF THE	TION	Conditions, if gove rise to couse (a) statin lying couse los	MAS CAUSED IMMEDIAT ony, which immediate ing the under- t.	CONTRIBUTING TO DEATH	AS A CON BUT NOT RELATI FLAG	SEQUENCE SCOME SEQUENCE TED TO THE TERM	DF HINAL DISEASE	rect (4) Carcleov		dis	ELL	4.		
N OF VITAL	THE WORD THE CHIE SUID BE US STAKENT OF R TO BURIX	AL CERTIFICATION	210 EXTERNAL CAI	USE WAS	716. TIME OF	INJURY MONTH	DAY YEA	[2]c. HC	AS PERFORMED?	D (ENTER NATU	IRE OF INJURY IN ITEM	A 18 PART I		YES	NO V
DIVISION HIS CERTIFIC		MEDICAL	214 INJURY OCCU WHILE NO AT WORK AT	RRED	21e PLACE		(AT HOME,		CATION	CI	TY OR TOWN		COUNTY		STATE
DICAL EXAMINER	TE THE CERTIFICAT ** SHOULD BE FOR ** NERAL DIRECTOR: DEATH, WITH THE AORE, MARYLAND			t I took charge	e of the remains des	Accident		Autops	Homicide JITLE (SPECIFY) D. DOT / SSE		nquiry Inned manner LEXAMINER]. D/	ATE GNED	12/0 2m/	7 VD
07/84 B	P	(:	URIAL, CREMATION, PECIFY) Crema. UNERAL DIRECTO NAME		Teb.10,198	S6 Sn	iths bu	urg C	r CREMATORY rematory	23d LOCA CITY OF TO SMIT	hsburg		Md	STA	NTE .

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	12	21
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	QN TO	JR. A
	SPITAL OR ATTENDING PHYSICIAN: The low requires that the contract of the executed within 24 haurs after death. Page 4 m d by the haspital or attending physician.	NEBAL DIRECTOR, After the centrons from a signed by the theological and completely filled in by the funeral director. For exercise of the control of the first within 72 hours of the central property.
	OR h	DIR
	ITAL by th	FAL
	SP	2.5

1-01787	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 3 6	0 9	5 8 0
poge 3	(TYPE OR PRINT)	Helen	Winge	MIDDLE	Seil	perT	3/28	MONTH DAY YEAR	
ge 4 mo	s.sex female		* RACE white		s. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
deoth. Po	To BIRTHPLACE (S	ania	U.	what country SA	WIDOWE		Washingt		MD.
by the fulled with	10 CITY OR TOWN Hagersto	wn	Washin	aton Cou	ntu Ho	r other institution spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUST	o of business or Artment store Craft
nin 24 hau Iy filled in ESild b	USUAL RESIDENCE 130. STATE Mary Land 14. FATHER'S NAME		ington	13c. CITY OR TOV Hagerst		134 INSIDE CITY LIMITS? YES IN NO 1		zip code rinker Dr.	21740
complete	Clyde		MED FORCES?	Winger	URITY NO.	Annie 17 INFORMANT	M. ADDR		ngle
be exection and its. Page	NO OR UNKNO		E WAR OR DATES	214-09-		H. Richard	Seibert, Sil		Md.
ires that the deficiency of the property of the place of the property of the p	Conditions, gove rise couse (a), underlying	aTH WAS CAUSE IMMEDIA if ony, which to immediate stating the cause last.	D BY: [E CAUSE [0] DUE TO, O (b) DUE TO, O (c) (c)	PR AS A CONSEQUENCE AS A CONSEQUENCE	ell (UENCE OF	Orchioma 1 1 UPV ME NOT BELATED TO THE JER	MINAL DISEASE OR CON	ings	hymly
The low requesion.	190 DATE OF			V	H OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?
PHYSICIAN: tending physic in blicibilities	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	WAS UNDERLYING COME CAUSE OF DE IFY MEDICAL EXAMINE COURRED	HOUR A.		DAY YEAR 19 FARM, ETC	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		
ATTENDING spiral or at CTOR: Afte I for use as of Health	saw the obove (1	that (i) (this hosp deceased alive ar) well (did) did no		deceased from 27 19	+6 on	d that in my (our) aprinion	to Ma	wh 2819_W	2. that (we) last the causes stated
HOSPITAL OR, inned by the horacle of the horacle of the forester of the forest	226. SIGNATI	old to	Parley DR PRINTS	1/		ATTENDING PHYSICIAN	MEDICAL STA	FF J	28/96
BP BP	230. BURIAL, CREMA burial	ATION, REMOVAL		31, 1986		EMETERY OR CREMATORY aul's Cemete:	23d LOCATION Clear St	oring, Wash	., Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECT 415^{NAME} . W			AL HOME gerstown	, Md.			256 REGISTRAR'S SIGN	MATURE



32303-03 Meffer Spickler Seiberte Nameh 9, 1986 | Coci Feb. 23 1899 Maryland __ U.S.A. __ Maryland _ wind to the const Crain Character . Clear Soring 8 Cuclerium Surget L conc Haryland Washington Clear Spring 1 8 Cumberland Street Daniel Schoolly Seibert Annie Matilda Spickler 214-34-0935 Julia C. Sailort Clear Soring, MA. 3-12-10 St. Paul"s Cemetery Clear Spring, Mash., Mc. 165114 Diear Spring, Me. levelde. Thompson theoret lone, Tro.

0-01230	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	0 9 5 8 2
yy be death		CEASED NAME E OR PRINT) Armina	Mary	Senecal	20 DATE OF DEATH	3 17 86 26. HOUR 40
moy moy	3 SE	х	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR IF UNDER 24 HRS
urs o		emale	White	June 11, 1900	85	YRS
deoth. r		IRTHPLACE (STATEORFOREIGN COUNTRY) Connecticut	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		county of DEATH County MD.
the t	≥ 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATI	
y y tilleo		Hagerstown, AL RESIDENCE (IF NURSING HOME OF	Coffman Home 1	Chr the Aged	Housewife	
ed within 24 ho mpletely filled is one 2 should be examiner men	13a.	Maryland Was	NTY 13c CITY OR TO' hington Hager	wn 13d. INSIDE CITY LIMITS?		ZIP CODE 21740 Ltimore Street
manning of 2 s	14.F.	ATHER'S NAME FIRST	Labonn Last	15 MOTHER'S MAIDEN NA	MIDDLE	Grenier
on the beexecut		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRE	x 62-E
been signed by the tribunding prior to buried, or winjury, or other troumotic eve	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last		JENCE OF	INAL DISEASE OR CONI	DITION GIVEN IN PART 119 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The Line.					YES NO	YES NO
NG PHYSICIAN: The low requirements of the this certificate has been signed the thing of the buriol-transit permit. The hond Mental Hygene prior to borked or Item 18 shows any injur	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED		19 211 LOCATION	RED (ENTER NATURE OF INJUI	
NG offer of the orked	1	AT WORK AT WORK				
TO HOSPITAL OR ATTEND retoined by the hospital or TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept. of Healt IMPORTANT: If hem 21 is m		saw the deceased alive an	ital attended the deceased from 19_11 view the body after death.	DEGREE ATTENDING PHYSICIAN Tree ADDRESS	MEDICAL STAF	
TO HOS retoined TO FUN should be with the	22.	NUBIAL COLMANION OF	WIVI DE	1/1	OLK -	5100011110
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	stown, Washington, M
	24 F	UNERAL DIRECTOR				25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	Ar	drew K. Coff	man Funeral I	er scowii, Mu. MAD.	2 1 1986	his Knight Africa

Burial 3-19-86 Cettr Lavn Me. Bark Jagerstown, bashington, Ed. Bagerstown, Md. 146. 158 Chr. Colfran Funeral Bone, Inc. 146. 158 Chr. Colfran Funeral Bone, Inc.

STATE OF MARYLAND

remained a see-a-dear the years, decisioned to SVIII

Seriel Jeso Describen Mar. P. dagorstom. Sch. Do., Mil. Cohn E. Bast. Dr. 21713

		1	FOR			DEPARTMENT O	F HEALTH	AND MENTAL	HYGIENE	to a	0 0	10 8	3 5
00-0	02528	1-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. N	NO. ,	~ ~	
			CEASED NAME	Goma	Gorman	Alber	Si	Snurr		ATE KNOWN OF ESTI- EATH MATED	MONTH 3	DAY YE.	26. HOUR 30
	PLEA FCTO FCTO FILE STREE	3. SEX	(4. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UN			DATE NOUNCED	MONTH	DAY Y	AR 2d HOUR
1	NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS RESTON STREET,		lale	White	Nov. 10,		YRS.	NO UAIS HOOKS		DEAD	3	30 198	6 2 pm
1	NEGESSA FUNERAL S FOR Y PREST	FC	RTHPLACE (ST.		76. CITIZEN OF W			IED ENEVER MAR	RIED	ALTIMORE CITY	T	Y OF DEATH	1
			laryland		U.S.A	SPITAL NURSING HO	WIDOV		120 USUAL C	OCCUPATION (T	Shine YPE OF WORK	126 KIND OI	MD.
	>======	He	gerstov	m	Washin	cility, GIVE STREET ADDRES TO COUNTY WE RESIDENCE BEFORE ADM	Hosp		Self-	employe	d	Farme	JSTRY
MD. 21201	RETAIN PARTICIONID BE RECOULD BE PARTIES OF THE PAR	130. S	tate faryland	13h COUN		13c. CITY OR TOWN Hagerston	1	13d. INSIDE CITY LIMITS? YES - NO	- 5	DDRESS BO	x 133	217	740
RE. MD	E WEATH		James		MIDDLE	Snurr		15 MOTHER'S MAI Carri		WIDDLE		Huffer	
BALTIMORE	FTER D FORM FORM JON O	16a. V	ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SOCIAL SECUR		17. INFORMANT				rstown	
BAU	JRS AFTER B. GIVE P. WITH FO T. PAGES DIVISION	-	No			220-34-	1148	Mrs. Isa	bel E. S	nurr R.	D. 5	Box	
	ERMIT.		PART I DE	ATH WAS CAUSE		tar (a), (b), and (c).)	. ,	wast	47	7		BETWEEN	MATE INTERVAL
NO	THIN 24 IN ITE/ VER ALON ANSIT PER AL HYGIE REMOVA	13		IMMEDIA	TE CAUSE (o) DUE TO, OR	AS A CONSEQUENCE	E OF	CARDI.	1			1	
0. 0.	MITHIN VCIL IN RANSI TAL H			s, if any, which		Herrosiler	otic 1	Cardiova	ascular	disa	ase	429	
201 W.	ECUTED WI LEXAMIN LEXAMIN URIAL-TR ND MENT	13		stating the under-		AS A CONSEQUENC	E OF						
CORDS	ULD BE EXECUTE "PENDING" IN FED AS A BURIAL HEALTH AND M AL, CREMATION,	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a)				
TALRE	SHOULD ORD "PE CHIEF N E USED A TOF HE	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OF	ERATION V	VAS PERFORMED?				20 AUTO	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	IIS CERTIFICATE SH VRITING THE WOO ARDED TO THE OF CER 3 SHOULD BE CIE DEPARTMENT 201 PRIOR TO BU		UNDERLYING CONTRIBUTION	G CAUSE OF	DEATH P.M	A. MONTH DAY YE	AR	OW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR PAI		
DIVIS	=3444C	MEDICAL	21d INJURY O WHILE AT WORK			OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET	CITY	ORTOWN	COL	INTY	STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIZE BALTMORE, MARYLAND, 2		22a. I certif deoth resulte ACTUAL SIGNATURE_		ge of the remoins de- ral couses .	Accident ,	Autop Suicide	Hamicide TITLE (SPECIFY)	Undetermin		ond in my op], DATE SIGNE	2/2	ole
	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR		EXAMINER'S I	1T)	Man ar	Dotto MI		ADDRESS/16/0	Ock HA	And 14	Lygs	Lain	MD
		230 B		ION, REMOVAL	236. DATE			OR CREMATORY	23d LOCATI		COUN		STATE
07/8- 25M		74. F	Bur:	TOR	1/2/1986			L Cemetery	E REC'D BY REG	ne sboro	Fran GISTRAR'S S	KL1n IGNATURE	Penna,
	DHMH - 17 (VR A15 ME (5))	and the	TAME OF THE PARTY	149	ADDRESS	50 S. Bro Waynesboro		· APK	1030 S	when lavid	75.3	delle	1
			All Co	100	and the same of th		4 T C FY	.104		N. C.			À

CTATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST should be detached for with the State Dept. of P. IMPORTANT: If Item 21

00-01426

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

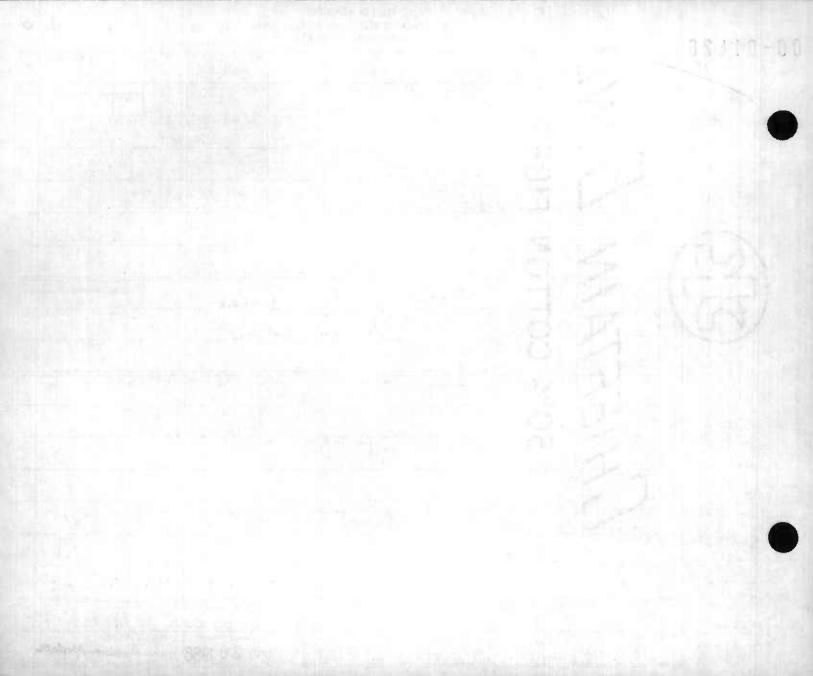
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1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL	L HYGIEN	IE 8 6	0	9 :	5 8 6
	CFASEP TRAME FOR PRINT)	Della		Bertha		STINE	20	March 20	1986	AY YEAR	2b. HOUR
3. SE			4 RACE	100	5. DATE C	DAY MEAN		AGE (IN YEARS LAST BIR		NINS DAYS	IF UNDER 24 HRS
	female		whit	e	Octo	ber 12, 191	12	73	YRS	DATS	MIN.
7a B	RTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9	BALTIMORE CITY O	R COUNTY	OF DEATH	
_	Maryland		USA		WIDOWE			Washing	ton		MD.
10 C	Hagersto		(IF NOT IN SUC	HOSPITAL, NURS THE FACRITY, GIVE STREET V. Church	ET ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST O		126 KIND C INDUSTRY Shoe	OF BUSINESS OR
	AL RESIDENCE IN N STATE Mary Land	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMIT	TS? 136	STREET ADDRESS	ZIP CODE Church		21740
14. FA	ATHER'S NAME				DOW/L	15 MOTHER'S MAIDEN	NNAME	1000 W.	JILUL CIL	DV.	211 ±0
	George		MIDDLE	Brown		FIRST T.77	Idia	MIDDLE		MaMi	chael
	WAS DECEASED EV			166 SOCIAL SEC	URITY NO	17 INFORMANT	juva	ADDRE	SS	140140	cruei
- (NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-09-	5088	Betty J.	Teac	h, Pinesb	urg, Mo	đ.	
	Conditions, if a gove rise to i couse (a), sta underlying cou	ny, which mmediate sting the use last	(b)	R AS A CONSEO	UENCE OF	economial NOT RELATED TO THE	Can	alure	DITION GIVE	N IN PART 1	0
0											
CERTIFICATION	190 DATE OF OPER	NOITA	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M. 21d. INJURY OCCU	CAUSE OF DEA	P.	M. MONTH [M.	DAY YEAR	21c. HOW INJURY OC		[T 1 OR PART 2)	
ME	WHILE NOT	WHILE O	(AT HOME STE	CF INJURY REET FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET		CHYORTON	WN	COUNTY	STATE
ŀ		ased alive an		19	, or	nd that in (my) (our) api		th occurred on the do	te and hour o		that (I) (we) last causes stated
	22b. SIGNATURE	M	300	hare.		DEGREE ATTENDIN PHYSICIA		AEDICAL STAF		22c DATE	SIGNED
	22d. PHYSICIAN'S	BOK	HARI			1190 M + C	retno	Rd -	Hager	stawn	, 10
23a E	BURIAL, CREMATION (SPECIFY) burial	N, REMOVAL	March 2			emetery or cremato Haven Cemet		23d LOCATION CITY OR TOWN Hagerston	on, Wa	sh., Me	ary land

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

MAK 26 1986 Julie Davidson Abordan



415 E. Wilson Blvd., Hagerstown, Md. 21740

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1170 A CONTRACT PROPERTY. man of Known strangers among State of the last of the state of the state

	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within a tillic matter death. Pag Id by the haspital or attending physician.	NERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled the filled with 72 hours bedeated for use as the backets beautifications permit. The please remove corbangoes. Pages 1 and 2 should be filled with 72 hour beautiful to the please remove corbangoes. Pages 1 and 2 should be filled with 72 hour
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	‡	the rem
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0 0	- 00	30	-	REGISTRAR			REG. NO.	
40	m £	to		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
A P	page 3 er death	0		Elva	May	STOUFFER	March	10 1986 6:10 🛣
4 E	or. p		3 SE		4 RACE	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTHD	MONTHS DATS HOURS MIN.
- e	recto urs o			Pemale	White	May 21 1894	91	YRS
9	2 ho	24		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
deot	- Puer	CE		aryland	U.S.A.	WIDOWED DIVORCED		on County MD.
1	123	9/	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	120 USUAL OCCUPATION	
- 4	filed	R.U		Illiamsport	Homewood Reti		Clerk	Retail
19	d be	えん	130 5	TATE 136 COUN		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE 2/795
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xecc	Pages	dico	160 V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)			etteville, Pa.
be	o no	e a		No	219-20-	1338 Donald Sto	uffer 206	
cote	paper	nt, th	A	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	000		_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertit	ng phy banpa	eve			TE CAUSE (a)	ATRYTAILUR	6	
the contract of	cork	notic			DUE TO, OR A CONSEQUE	Stoom WFARC	TICAL	
de	off oto	traur	2	Conditions, if any, which gave rise to immediate	(b) BRAYO	SICIM INTINC	.1 (0.0	
- the	the rem	other		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
tho th	ed by please	0			(c)			
200	Signe Then p	njury.	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CONTRIBUTING TO D</u>	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
3	rmut.	À	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
	ho ho	W .	TIFIC				YES T NOT	N CERTIFYING CAUSES OF DEATH?
ż	ronsit Hygie	88.4	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM IB PART I OR PART 2)
N N	certificat rial-tran	E 7	AL	OR CONTRIBUTING CAUSE OF DEA	110	19		
HYS	his c	0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
5	offer the street hon	rked	2	WHILE NOT WHILE	TAT TOME STREET PACTORY, OFFICE PA	· H 01	-/13	9
S S	R A Vise of teolt	E s	3	27a.1 certify that (1) (this hospi	tall after designed from		2, to 2/13	. 19 . that (I) (we) last
ATTE	CTO CTO	121		about the dead of	de body after death	of, and that in (my) (aur) apinian	death accurred an the date	and hour and from the causes stated
OR.	e ho DIRE	- #		234 SIGNA 1 1/1	1,4	DEGREE	/	THE DATE SKING
TAL	At (±		///////////////////////////////////////	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	ND 3/10/86
HOSPITAL	INE S	RIAI		224 PHYSICIAN'S NAME INTO	A Mar	22e ADDRESS	0	1100
) i	TO FUNERAL I should be deta with the State [MPORTAN		STEPHEN	& METZNON	me (3) M	WELL 19	to 119600 Tour
7	ā ⊢ 2 3	2.	230 B	URIAL, CREMATION, REMOVAL	LA DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BP	- 10		Cremation	3-10-86 Sm	ithsburg Cremat		burg Wash . Md.
DH	MH - 16 60A	A 7/84		INERAL DIRECTOR	305 N. Po		E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	(VRA 15, 4	1)	4	eratu N. Minr	nich Hagerstow	n, Maryland	4 4 4096	lia Javidson- Hondelle
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	TOPE	CHIMINI). P.	RTH	^	G	STOI	1FR		Mar	M	25.	1986	100	D W
1	3. SEX			RACE	0	5 DATE C	OF BIRTH	-	AGE INY	EARS LAST BIRT	HDAY)	F UNDER 1 YEAR		
	-	emale		White		Mar	ch 12, 18	99	87		YRS	ONTHS DAYS	HOURS	MIN.
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)	in Ch	Y OR TOWN OF DEA	1137	(IF NOT IN SUC	H FACILITY, GIVE S		OR OTHER INSTITUTI	ION	12a USUAL	OCCUPATION		126 KIND (of BUSINES	
4	UA	RESIDENCE (IF NURSE	NG HOME OR C	THER INSTITUTION	GIVE RESIDENCE 8	SEFORE ADMISSION)	LNC.	-				1 000	2 1103116	
9	Ma	ryland	Washi	ngton	Boons		13d INSIDE CITY LI	L	Rfd.	ADDRESS /	x 269	217	13	N. B
J	IA FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAI	_		MIDDLE			ist .	
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1		PART 2 OTHER SIGN	HEICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEAS	E OR CONE	DITION GIVE	N IN PART 1	la	
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7	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	D	20a AUTO	OPSY?	10 CERTIFY	WERE FIND	S OF DEAT	H2
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П	0.05011	OR CONTRIBUTING		216. TIME O		DAY YEAR	21c HOW INJURY	OCCURRE	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 18 PA	RT (OR PART 2)		
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1	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURA	FICE, FARM, ETC.)	21f LOCATION			CITY OR TO	WN	COUNTY	51	TATE
		AT WOR	SK 🗆			- 17		-0				-		
ı		220.1 certify that (1)		al) attended th	e deceased fr	om 8/	, 19	20	, ta	- 4.	, 1	9 06	, that (1) (***	re) last
1		saw the decease obove, (I) (***e) (d		view the bady	after death.		nd that in (my) (our)	apinian de	eath accurre	d an the da	ite and haut	_		ted
1		276 SIGNATURE	nn	The !	OV.	1, 1	DEGREE ATTEN	IDING	MEDICAL	STAF	F	22c. DAT	ESIGNED	.81
		/ ///	0001	Offer	u	M	PHYS 22e ADDRESS	ICIAN 2	DIRECTOR	☐ PHYSIC	IAN	13-	20-	0 6
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H	23a B	URIAL, CREMATION,	REMOVAL	236 DATE	1	23c NAME OF C	EMETERY OR CREM	ATORY	23d AOCA					
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		NERAL DIRECTOR		297 F	ADDR	ESS		250 DATE	REC'D. BY R	1986	25b. REGISTR	AR'S SIGNA	TURE	-
		John H. Bas	st, Jr	. Bo	oonsbor	o, Md.	21713	141/	1 6 111	1900	1	an fathers and		9.9

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0-00474	1.	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	HYGIENE C	REG. NO.	0 9	5 7 0
noy be	I. DE	CEASED NAME FIRST RUT	h	MIDDLE	Str	2inz	20 DATE O	FDEATH MONTH	11 86	26. HOUR 233 AM
ge 4 mo ector. po	3. SE	Female	4 RACE Caye	asian	5. DATE O	BIRTH YEAR		VEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
deorn Po	F	RIHPLACE (STATE OR FOREIGN COUNTRY) rederick Md.	U.S.A		WIDOWE		Wash	ore city <u>or</u> countington		MD.
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filled in	13a		E OR OTHER INSTITUTION DUNTY ASh.	134 CITY OR TOW Hagerst	own	13d INSIDE CITY LIMITYES K NO	27 M	ADDRESS / ZIP CO		040
ompletel		Charles	Elmer	Hu11		15. MOTHER'S MAIDE Annie	N NAME	MIDDLE	Hai	ines
be exect on and c	- (VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	213-74-9		James F. S	Strine 4	03 Meadow		Rd. Hag. M
the characters give the characters give re-colors communications		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the	DISED BY: DIATE CAUSE (a) DUE TO, C	DR AS A CONSEQUE	ENCE OF	sclere	osis		BETWEEN 1 D	KIMATE INTERVAL ONSET AND DEATH
n. nos been signed by permit. Then pleose ne prior to buriol, ci s ony injury, or ath	CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D			TERMINAL DISEAS	OPSY? 20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE YES	INGS USED
DING PHYSICIAN The or attending physicial After this certificate to as the burnal-transit raths and Mental Hygis marked or Item 18 she marked or Item 18 she marked or Item 18 she marked on Item 18 she marked on Item 18 she	MEDICAL CERT	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOOR NOT WHILE AT WORK 21 WORK 220.1 certify that (1) (this he	DEATH HOUR A INER) P 21e PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE F	AY YEAR 19 ARM, ETC)	211 LOCATION STREET				STATE that (1) we) last
10 HOSPITAL OR ATTEN etroined by the hospital OF LOWERAL DIRECTOR should be detached for usuals the State Dept of He With the State Dept of He MAPORTANI: If Hem 21 is		saw the deceased alumabave, (1) (we) (did) (die 22b. SIGMATURE 27d. PHYSICIAN'S NAME (1)	The second second	(1) 7		d that in (my) our) ap EGREE 1 ATTENDIF PHYSICI, 72e ADDRESS	NG MEDICAL	STAFF PHYSICIAN	22c DATE	couses stated SIGNED 12/8
BP	23a B	BURIAL, CREMATION, REMOV (SPECHY) Urial				METERY OR CREMATE	CITY	ation ortown gerstown	Wash.	Md.

STATE OF MARYLAND

Housewife

James F. Strine 403 Meadow Brook Rd. Hag. Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAM 20. DATE OF DEATH MONTH Willard arland & AGE TIN YEARS LAST BIRTHDAY **BALTIMORE CITY OR COUNTY OF DEATH** STATE OF FOREIGN laborer 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 011ie Clara Taylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES, GIVE WAR OR DATES! Betty Taylor, Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (bound PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise ta immediate couse (o), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO 190 DATE OF OPERATION 200 AUTOPSY? 7 In ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 22a. I certify that (this haspital) attended the deceased from saw the deceased alive on obave (live) (did) and no 22b. SIGNATURE DEGREE ATTENDING 22e ADDRESS 22d. PHYSICIADAS NAME (TYPE O

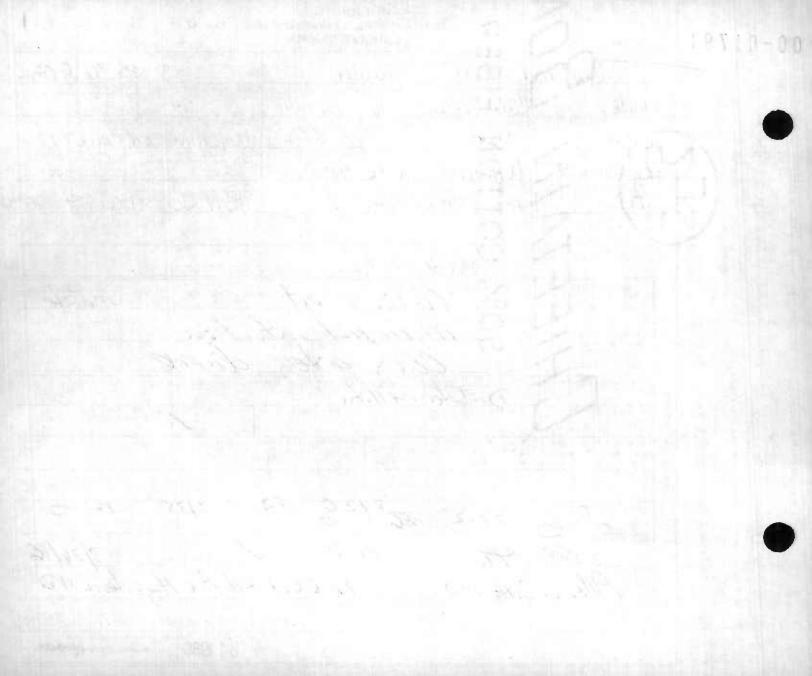
DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (our) opinian death occurred on the date and haur and from the couses stated 22c. DATE SIGNED PHYSICIAN PDIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY burial March 28, 1986 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME una Davidson- Mandelle 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

INDUSTRY

mamufacturing

DHMH - 16 60M 7/B4 (VRA 15, 4)

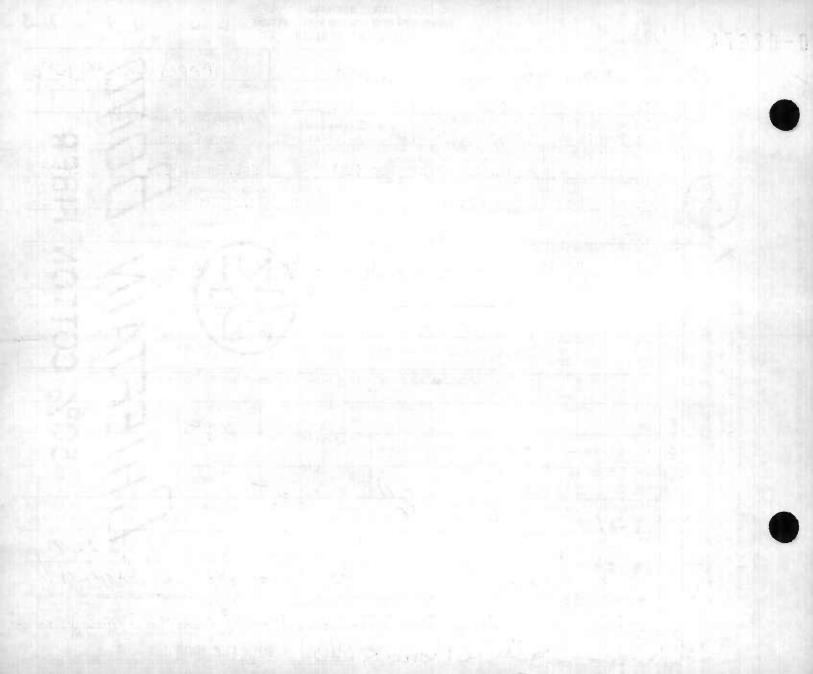


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RECTOR. R FILES. HOURS STREET,	SEX Mal	e Whit	A	DATE OF BIRTH	YEAR	6 AGE (IN YE LAST BIRTHE 34 51	MONT	DER 1 YR.	IF UNDER 2	4 HRS 2c. DA	ATE DUNCED EAD	3.5NH	- 8 9 _{AY}	9:35a
1	- BIRTH	PLACE (STATE OR COUNTRY)	76	CITIZEN OF V			8. MARR		VER MARRIEI DIVORCEI	D D 9 BAL	TIMORE CIT	Y OR COU	INTY OF DEA	тн
1		yland OR TOWN OF DEAT	H 11	NAME OF HO	FACILITY, GIVE	STREET ADDRESS)		ER INSTITU		120 USUAL OC			OR IN	OF BUSINESS DUSTRY
25	T3a STAT		ING HOME OF OT		13c. CIT	Y OR TOWN	ION	Ital	ITY LIMITS?	Assemb 13. Street ad 15. Sou	DRESS	artir	21722	
2/10	14 FATH	Ernest Ernest		NDDLE	Tru	ar Sp mpowe	r	15. MOTHE	R'S MAIDEN	NAME	Lave	na	Tost	
/ / /	(YES, N		U.S. ARMED IF YES, GIVE WAR 955-19	ORDATES		-32-6		Barba		. Trai	nor		-	atherin
E USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, JRIAL, CREMATION, OR REMOVAL		Conditions, if an gave rise to in cause (a) stating to lying cause last.	nmediate he <u>under</u> -	(b)	R AS A COI	NSEQUENCE NSEQUENCE ATED TO THE TERM	OF	E OR CONOITION	N GIVEN IN PART	1 10				
SIN CR	MEDICAL CERTIFICATION	DATE OF OPERAT	ION	196 COND	OITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?				20 AUTO	
PROR TO BUR	CALCER	EXTERNAL CAUSE IDERLYING OF INTRIBUTING CA		216 TIME O HOUR A.	M. MONTH	DAY YEA	R 216 H	OW INJURY	OCCURRED	(ENTER NATURE O	OF INJURY IN ITEA	M 18 PART I OR	PART 2)	
		HILE NOT W	HILE		OF INJURY	(AT HOME, ETC.)		CATION		CITY OF	RTOWN		COUNTY	STATE
, MARTINED, ZIZOI	AC	220 I certify that I to eath resulted from: TUAL SNATURE		the remains di	Accident		Autop vicide	, Hamic		Undetermined	l manner	and in my	TE 3-4-	86
TEADEATH, WITH THE ST ALL WORE, MARYLAND, 2	EX	AMINER'S NAME PE OR PRINT)	N N	Margari	ta A.	Korel				_medical ex			NED = -	
AFTER BALL	23a.BURIA	L, CREMATION, RE	MOVAL 236		23€	NAME OF CE	METERY O	RCREMATO	tery	23d LOCATIO Clear		ng,W	ashin	gtöh,Mo
AH - 17		RAL DIRECTOR		ADDRES		ar Spi		, Md.	250. DATE RE	C'D. BY REGIS	186 256 R	EGISTRAR'	SSIGNATURE	ndelle

Hale Mitte June 11,1024 51 .A.Z.U busfyask Assembler Truck Mg. Maryland Washington Clear Spring X 05 South Markin Streets Ernset Yes 1956-1957 217-32-6396 Perbers A. Trainor Chambersburg, Pa.

Aurial 2-1-86 St. Peul's Cemetery Clear Buring, Mashington, William St. Thompson Funeral Home, Inc.

(VRA 15. 4)



(VRA 15. 4)

White Narch 20, 18944 91 A.E.U. Bus visit Seamstress dept. Store 01515 Estyland Mashington dagerstown I | 600 Guilford Avenue Conrect Nashington Cilina Rest Bilisand Dubrean TOU AUDITOR OF 236-22-0507 Florence M. Sheatfor Hagerstown, Md.

Burial 1-15-MG Rest Haven Coletery Angerstown, Washington, Mg.

Jest Germann Charlet L. N. H. S. W. L. S. C. Tourse of the second of the se The state of the s AL SECURE DESIGNATION OF THE PARTY OF THE PA The state of the s The state of the s THE SECOND SELECTION OF THE SECOND SERVICE STREET, STR

(VRA 15, 4)

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AMA 1 2 1986 J. See L. PAM

VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO).		
109	CEASED NAME	FIRST	Catherin		WOI	FE.			ch 16,		6	7:50 A
1.58			* RACE White		5. DATE C			6 AGE (IN	YEARS LAST BIRT	HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ma	STHPLACE PLIANS COUNTY) TY LAND	1	U.S.A.		MARRIEI WIDOWE	D NEVE	R MARRIED DIVORCED	1	OCCUPATION	ishe	Y OF DEATH	M DE BUSINESS O
Wi	11iamsp	ort	(IF NOT IN SUCH FA HOMEWOO	d Ret	Lreme	ent C	enter	Cler	K FOR MOST OF	F WORKING L	Retai	
Me Me	aryland	Balt		CITY OR TOW		YES 🗌	NO TO NAME OF THE PROPERTY OF	6 E	ADDRESS /			1001
_	David WAS DECEASED EVE	E11		Gossal SOCIAL SECU		Em 17 INFOR	ma MANT		W + ADDRE	Samst	Summe ort, N	ers
	YES NO OR UNKNOWN)			16-22-		Ann	M. Mus				et Ave.	2179
	Canditians, if an gave rise to ir couse (o), statunderlying cau	y, which	(b)	S A CONSEQUE	NCE OF	He	wt Fo	rtwe	,		BETWEEN (imate interval Onset and death
ATION	PART 2 OTHER SIG	GNIFICANT	SALE!	RIBUTING TO D	CACATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEA	SE OR CONE	OITION GI	VEN IN PART 10	0.
TIFICAT	19a, DATE OF OPER	ATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUT	OPSY?	IN CERT	S, WERE FINDIN FYING CAUSES ES	

MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY

21d INJURY OCCURRED NOT WHILE

AT HOME STREET, FACTORY OFFICE FARM, ETC } 22a.1 certify that (1) (this hospital) attended the pleceased fram

P.M

and that in (my)(aur) apinian death occurred an the date and haur and fram the causes stated

ATTENDING PHYSICIAN

211 LOCATION

MEDICAL

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

STAFF DIRECTOR | PHYSICIAN

CITY OR TOWN

STATE

COUNTY

Burial

saw the deceased alive abave (1) we) (did) (

22b. SIGNATURE

23e BURIAL, CREMATION, REMOVAL 23b. DATE

3-18-86

Rose Hill Cemetery

22e ADDRESS

Hagersto wn

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

305 N. Potomac St.

Minnich Hagerstown

nga kewasa ang pangganakan da KANA ang Pangga

Total Market Williams

THE STANDARD OF THE RESERVEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.) 7	2	7	*
		OR PRINT)	John		Lester	Work	THINGTON ST.	20 DATE OF DE	THE MONTH	18	VEAR 86	26 HOUR	12 8
	3. SEX		le	1 RACE	white	S. DATE C	DAY YEAR	6 AGE (IN YEARS	2 YRS	MONTHS	DAYS	HOURS	A IN.
5	M	RTHPLACE ISTATE OUNTRY AT A TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR		U.S.		WIDOWE		Washin		ITY OF DE	ATH		MD.
7	Hag	erstown of		Washing	ton Count	ty Hos	spital	120 USUAL OCC TYPE OF WORK FOR Clerk	R MOST OF WORKING	G LIFE) IND	KIND OF DUSTRY Ailro	ad	SOR
5	11a S	Md.	136 COUN Was	TY	13c CITY OR TOW Rohrers	N	YES NOXX	Rt. 1,		DDE 7	2177	9	f.
2		William	Bra		orthingto		15 MOTHER'S MAIDEN NAME FIRST	M	son		Grif	fith	
	16a ∨	VAS DECEASED EN	(IF YES GIVE	MED FORCES?	705-10-6		Mrs. Deloris	Rodgers	, Knoxv			-	
		PART 1. DE ATE	H WAS CAUSE	E CAUSE (a)	line fortal, (b) and	offeel	modery b	Inest			APPROXIM BETWEEN OI	NATE INTERV	EATH
	- 16 m	Canditions, if a gave rise to cause (a. sh underlying ca	immediate ating the) 7	RAS A CONSEQUE Assible RAS CONSEQUE		ite pulmon	uy Erde	ma least	Sewy	Env	Test &	Tuss
	NOL	PART 2 OTHERS	IGNIFICANT C	Intu o	tur Very	SOL P	NOT RELATED TO THE TERM	Pocu (miplia	SIVEN IN	For Me	diters	2 000
1	CERTIFICATION	190 DATE OF OPE	RATION	19b COND	ITION FOR WAICH	OPERATIO	N WAS PERFORMED	184 AUTORS	IN CER	YES, WERI RTIFYING (YES []	E FINDING CAUSES (GS USED OF DEATH NO	1?
1	12500	210 ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAUSE OF DEA		DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PARTIOR	PART 2)		
	MEDICAL	21d INJURY OCC	URRED	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM ETC }	211 LOCATION STREET	C	ITY OR TOWN	co	DUNTY	STA	ATE
		saw the deci	t (1) (this haspit eased alive an e) (did) (did not	0/	e deceased fram	76 , an	d that in (my) (aur) apinian i	death occurred or	n the date and t	, 19 haur and f		hat (I) (we auses stat	
		22b SIGNATURE	fear	Alha	rade		PHYSICIAN P	MEDICAL DIRECTOR	STAFF PHYSICIAN	22	2c DATE S	IGNED	
		PRAN	CLR CO L		RADE		363 S. Cles	ulland	ane	- 6	Logue	tran .	MD
		URIAL, CREMATIC	TION REMOVAL	Mar.20	, 1986 Sni	ths bu	emetery or crematory rg Crematory		sburg, V	wash.		rylálí	Ha
-	-	avis Fun	eral Ho	me, Smi	ths burg,	Md.	250. DAT MAR	2.7 1986	1 6	ISTRAR'S	-Aand	RE	3

DHMH . 16 60M 7/B4 (VRA 15, 4)

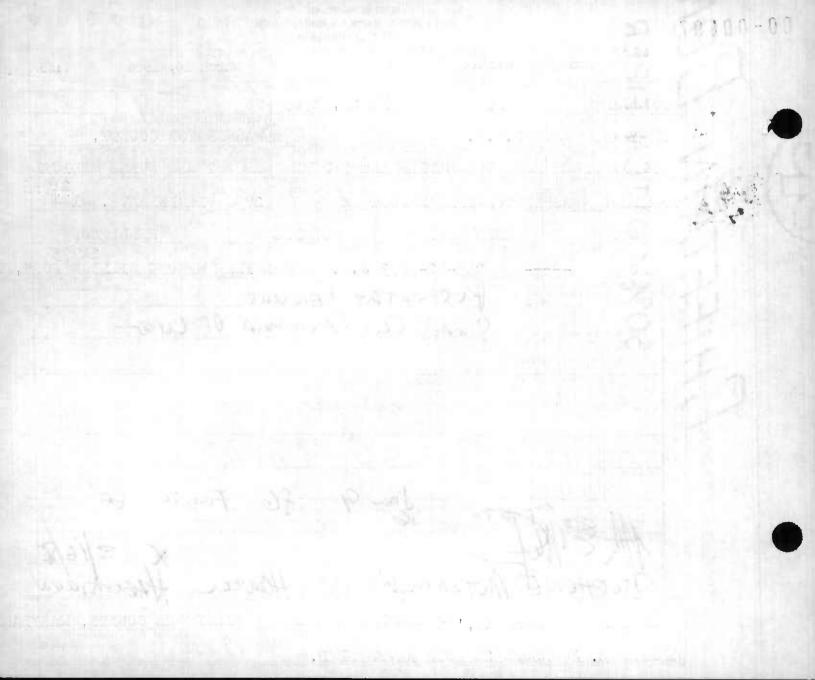
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Avis Terral are, Entiring, A., S. Yug MAN 27 008 James Terran

LOCH RAVEN

(VRA 15, 4)

E. JOHNSON8521



								REO. 14					
		CEASED NAME FIRST Grego	Wav	ne W	Zimme	rman		20 DATE OF DEATH	MONTH 02	27	86	2: 40	
	3. SEX	(4 RACE		5. DATE O	F BIRTH		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDE		IF UNDER	_
		Male	Cauca	asian	70	05	52	33	YRS	MONTHS	DAY5	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER M	APPIED T	9 BALTIMORE CITY O	R COUN	TY OF DE	ATH		
		MD ^(*)	US	-69	WIDOWE	D DIV	ORCED	Washingt					ME
1		Hagerstown	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET Marylan	address) Address)	ter	TUTION	120 USUAL OCCUPATION OF WORK FOR MOST COMMENT OF WORK FOR W	F WORKING	LIFE) IND	USTRY	F BUSINE	SS OR
5			OUNTY shington	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hagers to	VN I	13d INSIDE CE	TY LIMITS?	Rt 3, Box	71P CO 276	DE L	17	740	1
1	14 FA	THER'S NAME				15. MOTHER'S	MAIDEN NA						
/		Bernard	MIDDLE	Zimmerma	n	Helen	L Bos	tetter	ler -		LAS1		39
		VAS DECEASED EVER IN U.S		166 SOCIAL SECU	JRITY NO.	17 INFORMAN	VĪ	ADDRE	SS				
		YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	212-58-9	949	Berna	ard C.	Zimmerman,	Hage	rsto	wn.	Md.	
						Belie	114 01	drimer man;	павс			MATE INTER	VAL
		18 CAUSE OF DEATH IENT PART I. DEATH WAS CA	er only one cause per AUSED BY: DIATE CAUSE (a)			Meningi	tis				ont]		DEATH
		INIME											
				R AS A CONSEOU		Tnemara	a oul am	Congulant	hae	T	avs		
		Conditions, if any, whice		DISSERIT	lateu.	Intrava	scular	Coagulopat	шу	-	ays		
		cause (a), stoting the	DUE TO, O	R AS A CONSEOU		ne Defi	oi en ov	Syndrome		,	(ear		
		PART 2. OTHER SIGNIFICA	(c)						DITIONIC				_
	z									PIACIA IIA I	PARTIC)	
	일							ianal regio					
2	OA	196 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	SWED	20g AUTOPSY?		ES, WERE			
1	E							YES NO		YES 🗌		NO [
5	L CERTIFICATION	21a ACCIDENT WAS UNDERLYIN	110110 1	FINJURY M. MONTH D	AY YEAR	21c. HOW IN.	IURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR	PART 2)		
7	Ŭ.	(IF EITHER NOTIFY MEDICAL EXA		M	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATIO	N	CITY OR TO	IWN	co	UNTY	s	TATE
		AT WORK AT WORK		1 14	2-19	1	10 86	10 2-27		10 8	36	1	NI .
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		sow the deceosed aliv abave, (I) (we) (did) (d	id not view the tody	after death.			aur) apinion	death accurred on the d	pre ond n				ited
1		THE SIGNATURE	- A	1		DEGREE				-	c. DATE		
,	-	Troum	H	0101	M.D	• A	TTENDING HYSICIAN [MEDICAL STA	FF IAN []	1	2-27	-86	
1		224 Mars Steener Steener	TYPE CHI PRINTY									-	140
/		/ Kyung/S.	Kim, M.D.			1200 P	ennsyl	vania Avenu	e				
_	- 1/1	1 7				lHagers	town,	Maryland 21	740				
		BURNAL, CREMATION, REMO	VAL 736 DATE	23 с.	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUN	TY	5	TATE
		urial	Feb. 28	,1986 Sh	anktov	m Cemet	tery	Big Pool	. Was	sh.,	Mary	land	1

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTO MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

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